2		that it may be properly classified. Exact statement of OUCUP.	Exact	classified.	that it may be properly	pe be	t may	at i
TID	JJU J	ctatamont	Frant	position	pronoria	Po	140000	
sta	plnods	AGE should be stated EXACTLY. PHYSICIANS should sta	Y. PH	XACTL	stated E	pe	plnoy	92
Ini	rem or	NG INK-I HIS IS A FERMANENT KINNEY. EVERY HEM OF INIO	IN	KM AIN DIN	IS A FE	2112	1-4	7

of

See instructions on back

CAUSE OF DEATH in plain terms, so that it may

TION is very important.

be carefully supplied.

mation should -WRITE P

V. S. No. 1 m t te

## CTATE OF MADVIAND CEDTICICATE OF DEATH

9891

STATE OF MARTLAND	CERTIFICATE OF DEATH	200
1. PLACE OF DEATH	(95%)	
county Frederick,	Registration Dist. No. / 3	2
Village or City Middle form (If	NoSt.,St.,St.,	Ward
Length of residence In city or town where deeth occurredyrsmos.	ds. How long in U.S. if of foreign birth?yrsmo	sds.
2. FULL NAME Dorothy Lucille Adam	n.S. If U. S. Veteran, specify WAR	
(a) Residence: ND. / Id d le form N (Usual place of abode)	1 St., Ward.  If nonresident give city or town and S	State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE Female 4. COLOR OR RACE OR DIVORCED (write the word) Sungle	21. DATE OF DEATH  September 25  (Month) (Day)	193 7
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended d	laceasad from
6. DATE OF BIRTH (month, day, and year) (14.0 2 - 1925	Hast swher alive on Defit 24 1937	death is said
7. AGE Years Months Deys If LESS than Iday,hrs.	to have occurred on the date stated above, et 2 30 m.  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	
8. Trade, profession, or particular kind of work dona, as SPINNER, School-girl.	Subscute Pactaril	Date of onset
9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc	Chamie Planati	1621
11. Total time (years) this occupation (month end June 1937 spent in this occupation	Cerebral Embolism	9124/37
12. BIRTHPLACE (city or town) MI dole form. Md (State or country)	Other Contributory Causes of importanca:	
II 13. NAME J. Ross Adams		
13. NAME JOSS Adams  14. BIRTHPLACE (city or town) Frederick County  (Stata or country)	Neme of operation Oate of Whet tast confirmed diegnosis? Clin Y bar Was there an au	utopsy?_3
# 15. MAIDEN NAME Mora P. Six,	23. If death was due to external causes (VIOL ENCE) fill in also the following:	
16. BIRTHPLACE (city or town) Treferred County (State or country)	Accident, sulcide, or homicide? Date of Injury	, 19
17. INFORMANT J Cass Adams (Address) Middle town Md	(Specify or town, county and State Specify whether injury occurred in INOUSTRY, In HOME, or in PUBLIC PLA	CE.
18. BURIAL, CREMATION, OR REMOVAL  Place Light Cem. Middlet Dete Sept 18, 1937	Menner of injury	
19. UNDERTAKER Gladhill Company M. d.	24. Wes disease or injury in any way related to occupation of deceased?	2
20. FILEO Sapt 28, 1937 D. Forsy son Same Resistar.	(Signad) Lichael H. Tall	O. M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	11	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
3.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

1	
1	STATE

## STATE OF MARYLAND-CERTIFICATE OF DEATH

9892

1. PLACE OF DE	ATH			23 (3)	
County	Freder	ick,		Registration Dist. No.	139
Village or City	State	Sanator	(If	f death occurred in a hospital or institution, give its NAME instead of street a	Ward number)
Length of residance In	city or town whera da	eath occurred	yrs3_mos	s7ds. How long in U.S. if of foreign birth?yrs	mosds.
2. FULL NAME	Alton	R. Arno	1d	If U. S. Veteran, specify WAR	
(a) Residence: No.	5301 0	uthbert (Usual place	AVE.	St., Ward. Baltimore, Maryl If nonresident give city or town	
PERSONAL A	ND STATISTI	CAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH	1
3. SEX Male  4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single			(write the word)	21. DATE OF DEATH Sept, 9 (Month) (Day)	, 193 7 (Year)
5a. If marriad, widowed, or d HUSBANO of (or) WIFE of	ivorced			22. I HEREBY CERTIFY, That lattend June 2. 19 376 Sept.	
6. DATE OF BIRTH (month,	day, and yaar)	une 14	1916	I last saw h. im alive on Sept. 9 , 19	
7. AGE Yeers 21	Months 2	Days 25	If LESS than I day,hrs. ormin.	to have occurred on the data stated above, at . 6 . 50 P M. The PRINCIPAL CAUSE OF DEATH and releted causas of importanca were as follows:	Date of onset
9. Industry or business work was dona, commercial work work work was done work work work was done work work was done work work was done work work work was done work work work work was done work work work work work work work work	is SILK MILL, K, etc	11. Totel ti spen occu ltimore ryland	me (yaers) it in this 7Yrs	Pulmonary Tuberculosis	
13. NAME 14. BIRTHPLACE (city of (State or country)		Arnold Maryl	and	Name of oparation None Pos Spu Patrif What tast confirmed diagnosis? Chest X—Ray Was there	an autopsy?
15. MAIOEN NAME Gertrude E. Cole  16. BIRTHPLACE (city or town)  17. INFORMANT  Alton R. Arnold			e,	23. If death was due to external causes (VIOLENCE) fill in also the folion Accident, suicida, or homicide? Date of injury Whera did injury occur? (Specify city or town, county and Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC	wing: , 19
(Addrass) Baltimore, Md.  18. BURIAL, CREMATION, OR REMOVAL Place Balto. Md. Oate Unknown, 19			mown, 19	Manner of Injury	*************
19. UNDERTAKER (Addrass) 20. FILEO (Addrass)	M.L.Creas Thurmoni	er Md.	Registrar.	24. Wes disease or injury in any way related to occupation of dacased?  If so, spacify 9  (Signad) Cewart Shafte  (Addrass) State Sanatalia	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example II Example I The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis. Run over by street car 1921 1 week ago Cerebral hemorrhage July 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

Intestler & mes I did

10. Date deceased last worked at

14. BIRTHPLACE (city or town) (State or country)

16. BIRTHPLACE (city or town) (State or country)

18. BURIAL, CREMATION, OR REMOVAL

12. BIRTHPLACE (city or town). (State or country)

15. MAIDEN NAME

13. NAME

17. INFORMANT -

19. UNDERTAKER

20. FILED De

(Address)

(Address)

this occupation (month and

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DEATH

OF

#### STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEATH County\_\_\_\_ Registration Dist. No. Village or City (If death occurred in a hospital or institution, give its NAME instead of street and number) Length of residence in city or town where death occurred. \_mos.\_\_\_\_ds. How long in U.S. if of foreign birth?\_\_\_\_\_yrs.\_\_\_\_mos.\_\_\_\_ds. If U. S. Veteran, specify WAR\_\_\_\_\_ (a) Residence: No. (Usual place of abode) If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH OR DIVORCED (write the word) Augle 5a. If married, widowed, or divorced HUSBAND ot 22. (or) WIFE of 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months /Davs I day, .....hrs. or .... min. 8. Trede, profession, or particular OCCUPATION kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc. 9. Ladustry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc.

11. Total time (years)

spent in this .

occupation \_\_\_\_\_

to have occurred on the date stated above, at	
The PRINCIPAL CAUSE OF DEATH and related causes of important were as follows:	Data of onse
Other Centributory Causes of Importance:	
Name of operation 2004 What test confirmed diagnosis? Was	Date of

23. If death was due to external causes (VIOLENCE) fill in elso the following:

Accident, suicide, or homicide?\_\_\_\_\_\_ Date of injury\_\_\_\_\_\_\_19\_\_

(Day)

Where did injury occur?\_\_\_\_\_

(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE

Manner of Nature of injury\_

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) (Address)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 2.

WRITE CAUSE mation LION S. No. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis OCI 3 1991	1921	Run over by street car	1 week ago
Cercbral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 9894
3- 1-	Pagistration Diet No. ///
County Sudurus	Registration Dist, No. 141
Village or City Drawing (If	NoSt.,Ward death occurred in a hospital or institution, give its NAME instead of street and number)
	ds. How long in U.S. if of foreign birth?yrsmosds,
2. FULL NAME dea llix is Bissett	If U.S. Veteran specify WAR
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH  (Month)  (Day)  (Year)
54. If married, widowed, or divorced HUSBAND of Buscop B. Buscop 13.	22.   HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) 7401. 1, 1898	I lest saw he alive on Sept. Ale., 193.7; death is said
7. AGE Years Months Deys If LESS than 1 day,hrs.	to have occurred on the date stated above, atm.
39 6 23 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER,	D 7
SAWYER, BOOKKEEPER, etc.	1. felluorogue 602607
work wes done, es SILK MILL, SAW MILL, BANK, etc.	Our watur,
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work wes done, es SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month end yeer) occupation	
744 0	Other Contributary Causes of importance:
12. BIRTHPLACE (city or town) Many (State or country)	Ala Oto 1000 Valland
13. NAME Les H. allert	Villes Collections
13. NAME Les H. allers  14. BIRTHPLACE (city or town) - Marces Cause	Name of operation Lande Lange Date of 1987 639
(Stete or country) Mary Count	What test confirmed diagnosis?
15. MAIDEN NAME Ida M. Pay	23. If death was due to external causes (VIOL ENCE) fill in also the following:
15. MAIDEN NAME Ida M. Pay  16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Dete of Injury 19
E (State or country) Harryland.	Where did Injury occur?
17. INFORMANT 3. 3. 9. 1. 1.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
(Address) Successful (Address) 18. BURIAL, CREMATION, QB REMOVAL	
Placel ark They Date Sept. 26, 1937.	Manner of injury
19. UNDERTAKER C. A. Feets & Son	24. Was disease or injury in any way related to occupation of deceased?
- (Address) Brunnick, Mayland.	(Signed) The Ole RISK Khangardon M.D.
20. FILED Sept It 1937 Una G. S. HEagles Registrar.	(Addless) Described the Man
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

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11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I			Example II		
The principal cause of of importance were as	death and related causes follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	LOFCFIVE	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephri	tis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	OCT 2 1937	July 5,1927	Perilonitis	3 days ago	
	BUREAU V. S				
Other contributory cau	ses of importance:	ا دا	Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	
				211011	

V. S. No. 1

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RMANEN	XACTL	classified.	
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ING INK-T	AGE should	o that it may	tions on back
UNFADING INK-T	supplied. AGE should	terms, so that it may	e instructions on back
THE UNFADING INK-T	lly supplied. AGE should	plain terms, so that it may	See instructions on back
Y, WITH UNFADING INK-T	arefully supplied. AGE should	H in plain terms, so that it may	rtant. See instructions on back
NLY, WITH UNFADING INK-T	be carefully supplied. AGE should	SATH in plain terms, so that it may	important. See instructions on back
PLANLY, WITH UNFADING INK-TI	hould be carefully supplied. AGE should	OF DEATH in plain terms, so that it may	very important. See instructions on back
-WRITE PLANTY, WITH UNFADING INK-THIS IS A PERMANENT R. AD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA.	TION is very important. See instructions on back of certificate.

3. 3

5a.

7. /

OCCUPATION

12.

FATHER

MOTHER

17. INFORMANT \_

19. UNOERTAKER (Address)

20. FILEO.

(State or country)

(Address) Baltimore,
18. BURIAL, CREMATION, OR REMOVAL

Place Balto Md.

1	X.					
/ (	STA	TE C	F MAR	YLAND-	CERTIFICATE OF DEATH	9895
. PLACE	OF DEATH				(23)	
County	Fr	reder	ick.		Registration Dist. No. 1	39
Village or	r CitySd	tate	Sanator	ium, Md.		
				(If	NoSt.,  death occurred in a hospital or institution, give its NAME instead of street and22_ds. How long in U.S. If of foreign birth?yrsn	number)
. FULL N					If U. S. Veteran, specify WAR	
(a) Resid	fence: No	2204	Clifton (Usual place	of abode)	St., Ward. Baltimore, Maryland If nonresident give city or town and	d State
	DNAL AND S	TATIST	CAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH	
SEX	4. COLOR OR	RACE	5. SINGLE, MAR OR DIVORCE	RIED, WIDOWED, D (write the word)	21. DATE OF DEATH	
Male	White	9	Marr		Sept 24 (Month) (Day)	(Year)
HUSBANO of (or) WIFE of	dowed, or divorced	Lilli	an M. B	rown	22. I HEREBY CERTIFY, That I attended June 2 19 37 to Sept 2	
ATE OF BIRT	H (month, day, end )	year)	March	31 1888	Hast saw him alive on Sept. 24 , 19 3	
\GE \	Years	Months	Days	If LESS than	to have occurred on the date stated above, et 11.00.mP. M.	
	49	5	23	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance ware es follows:	
8. Trade, pro	ofassion, or particula	ar INNED				Date of onset
9 Industry of work	ER, BOOKKEEPER, e or business in which was done, as SILK M MILL, BANK, atc	MILL.	-Statio	n-Atten!d	Pulmonary Tuberculosis	May 1928
10 Date dece	eased last worked a ccupation (month an	1	3.7 11. Total to	ime (years) nt in this 35 <b>Yr S</b> upation		
BIRTHPLACE (State or c			Marylan	d.	Other Coutributory Causes of importance:	
13. NAME	T. E.		Brown			
	ACE (city or town) or country)			d.	Name of operation none pos sputnamof- What test confirmed diagnosis Nest X-Ray Was there an	autopsy? NO
15. MAIOEN	NAME M:	ary O	Rourke		23. If daeth was due to external causes (VIOLENCE) fill in also the followin	g:
1C DIDTUDIA	OF (-lb				Accident existe or homista?	***

(Specify city or town, county and State)
Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.

Manner of Injury Nature of injury 24. Was disease or injury

If so, spacify

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Registrar.

Maryland .

Date Unknown, 19

Arthur F. Brown

M.L. Creage

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I	į.	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis OCT 5 1937	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

MARGIN RESERVED FOR BINDING

STATE O	F MARYLAND—	CERTIFICATE OF DEATH	3030
1. PLACE OF DEATH	1	(12)	
County frederic	k	Registration Dist. No.	36
Village or City MV. Suc	keyrtonin	No. Molora Destrict St.,	Ward
Length of residence In city or town where d	11 70 0	death occurred in a hospital or institution, give its NAME instead of street a	
2, FULL NAME Lens	. M 12 -	mall If U. S. Veteran, specify WAR Mon	0
(a) Residence: No. My	he deepla	Ward.	
(a) Residence, No. 1/	(Usual place of abode)	lf nonresident give city or town	and State
PERSONAL AND STATISTI	CAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	1
S. SEX 4. COLOR OR RACE Colored	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF BEATH (Month) (Day)	, 193 7 (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Jee Page	+ Carroll	22. I HEREBY CERTIFY, That I atten	ded deceased from
6. DATE OF BIRTH (month, day, and year)	ch. 15, 1915	Hast saw half alive on Sept 21 198	う。; death is said
7. AGE Years Months	Days II LESS then	to have occurred on the date stated above, at 6:45A.m.	
22 7	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Data of onsat
8 Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	Somestic	Bronehial arthma	1936?
work was done, as SILK MILL, SAW MILL, BANK, etc.			
10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation	Ohber Contribution Control Impandons	
12. BIRTHPLACE (city or town)	dinetaring	Other Contributory Causes of Importance:	
13. NAME CAGAS	Dervis		
14. BIRTHPLACE (city or town)	ingelougen	Name of operation Novel Date	of
(Store of equitity)	ellona	Whet test confirmed diagnosis? Was there	an autopsy?_KC
15. MAIDEN NAME PLANE	Mora	23. If death was due to external causes (VIOL ENCE) fill in also the folio	
15. MAIDEN NAME FRANCE  16. BIRTHPLACE (city or town)  (State or country)	acceptage.	Accident, suicide, or homicide? Date of injury	, 19
(State of County)	The second	Where did injury occur? (Specify city or town, county and	
17. INFORMANT (Address)	January Mil	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC	PLACE.
18. BURIAL, CREMATION OR BEMOVAL	mid Cal. Cem	Manner of Injury	
Place Sound of Vocas	Date Sept 24, 19. 5;	Nature of injury	
19. UNDERTAKER A. C. C. C. (Address)	trage of Sen	24. Was disease or injury in any way related to occupation of deceased	, Xo
20. FILED Left # 2 3, 1937 4. C	Andreckon Registrar.	(Signed) Charles A Coully (Address) Buelly stayen	tid M.
75	Li. L	N. C. J. C. P. J. C. N.	

V. S. No. 1

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

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In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
OCT 5 1937			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

See instructions on back of certificate.

TION is very important.

of OCCUPA.

## STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE O	F DEATH			(23)	
County	Frede	rick,		Registration Dist. No. 13	9
1		Sanator	cium, luid (li		Ward
2. FULL NA	ME Louis			If U. S. Veteran, specify WAR	
				Cost., Ward. Maryland.  If nonresident give city or town and	
	IAL AND STATIST		The second secon	MEDICAL CERTIFICATE OF DEATH	
3. SEX Female	4. COLOR OR RACE White	5. SINGLE, MARE OR DIVORCED Sing	(write the word)	21. DATE OF DEATH Sept. 16 (Month) (Dey)	, 193
5e. If married, widow HUSBAND of (or) WIFE of	ed, or divorced				1619 37
	(month, day, end year)	Aug. 23	1913	I lest sew h.er. alive on Sept. 16,19 3	7death Is sald
	4 0	Days 23	If LESS than 1 dey,hrs. ormin.	to have occurred on the dete steted above, #4_55Pn. M .  The PRINCIPAL CAUSE OF DEATH and related causes of importence were as follows:	Data of onset
9 Midustry or work were SAW MIL 10. Dete decease this occu year)	ntry)	Williams Maryland	tIn this opation O	Pulmonary Tuberculosis  Other Coutributory Causes of importance:	July. 1936
13. NAME  14. BIRTHPLACE  (State or	(city or town)	Chaney Marvland	1	Name of operation none Pos Spu Bate of	
15. MAIDEN NA	ME Cath	erine Mo	ats	What test confirmed diagnosis est, X—Ray Wes there en e 23. If deeth was due to externel ceuses (VIOLENCE) fill in also the following Accident, suicide, or homicide?	<b>;</b> :
2 (State or  17. INFORMANT (Address)  18. BURIAL, CREMAT	Louise C	Md.	7	Where did injury occur?  (Specify city or town, county and State Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PL.  Menner of injury  Nature of Injury	ACE.
19. UNDERTAKER	Andrew Hagers	offman.	Registrar.	24. Was disease or injury In eny wey releted to occupetion of deceesed?  If so, specify	

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To be complete, an occupation return must state:

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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

# STATE OF MADVI AND CEPTIFICATE OF DEATH

. B.—WRITE PLANLY, WITH UNFADING INK—THIS IS A PERMANENT RESORD. Every item of infor-	AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA	ctions on back of certificate.
BWRITE PLANKLY, WITH UNFADING	mation should be carefully supplied. AGE	CAUSE OF DEATH in plain terms, so that	TION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

				DE MAK	ILAND	CERTIFICATE C	N DEATH	0000
1.	PLACE OF					(23)		3.77.0
			Freder				Registration Dist. No	139
				Sanator:		No.  death occurred in a hospital or institutio  24 ds. How long In U.S. if of f		
						If U. S. Veteran, s		
Z.								
	(a) Residence	e: No	0.1.7. N.Q	ntreal (Usualplace	AVE a ol abode)	St., Ward. Cum		
	PERSON	ALAN	D STATIST	ICAL PARTI	CULARS		RTIFICATE OF DEA	TH
3. SE	x 'emale		n or race		RIED, WIDOWED, O (write the word)	21. DATE OF DEATH	pt 10 (Month) (Oay)	, 193
_	married, widowa HUSBANO ot	d, or divo	rced					to del dessert form
	(or) WIFE of						CERTIFY, Thet let 9. 37toSept	
				Feb. 9	1008	I last saw h ET alive on		
7. AC	TE OF BIRTH (		y, and year) Months	Davs	It LESS than	to have occurred on the data stated	*	
I. AC		29	7	1	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH		•
			1 "		ormin.	wara as follows:		Oate of onset
OCCUPATION	kind of w	ork dona,	articular as SPINNER, EPER, etc	Clerk				
TA	Mindustry or 1	usiness i	n which			Pulmonary Tu	berculosis	Mar.
200	9. Industry or 1 work was SAW MIL						**************************************	1937
00	this occup yaar)	etion (me	rked at onth and 1937	11. Total ti	ma (yaars) nt in this 10Yr s pation 10Yr s			-L-7-0-1
12 B	IRTHPLACE (cit	var tawn)				Other Contributory Causes of Import	tence:	
12. 6	(Stata or coun			enna.				
ER	13. NAME	L	ouis Co	llins				
FATHER	14. BIRTHPLACE	(city or to				Neme of operationnon	epng>mp	ite of
	(Stata or	country)		Marylan	1.	What test confirmed diagnosis Ch		
1ER	15. MAIOEN NAI	ME	Florence	e Howsa	re	23. It death was due to axternal cause	as (VIOLENCE) fill in also tha f	ollowing:
MOTHER	16. BIRTHPLACE	(city or to	own)			Accident, suicide, or homicide?	Data of injury	, 19
Σ	(Stata or	country)		Maryland	1.	Where did injury occur?	(Specily city or town, county	and State)
17. 1	NFORMANT (Address)		ith Pea	rl Coll:	ins	Specify whether Injury occurred In	INOUSTRY, In HOME, or In PUE	BLIC PLACE.
18. B	URIAL, CREMAT	ION, OR I	REMOVAL	Λ		Mannar of injury		
	Placa Cum	herl	and, Md	Dete Un K	10Wn , 19	Nature ct injury		
	(Address)		L.Creagurmont,			24. Wes disease or injury in any wey  If so, specify J.T.  (Signed) Survey	y related to occupation of decea	м. g.
	6117	7/	10		Registrar.	(Addrass) Lace	samalorus	myna

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		• • • • • • • • • • • • • • • • • • • •	

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

V. S. No. 1

TION is very important. See instructions on back of certificate.

PHYSICIANS should state ORD. Every item of infor-

of OCCUPA-

1	
A	C
1,	

## TATE OF MARYLAND—CERTIFICATE OF DEATH

0	2.7	0	6	
9	0	3	2	J

1. PLACE OF DEATH	23)	
/ County Frederick,	Registration Dist. No. 139	
/ Village or City State Sanatorium, Md.	No	
(If	death occurred in a horpital or institution, give its NAME instead of street and number)	
	If U. S. Veteran, specify WAR	
(a) Residence: No. 3510 Harrord, Road, (Usual place of abode)	St., Ward. Baltimore, Maryland.  If nonresident give city or town and State	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single	21. DATE OF DEATH  Sept. 1, 193 7  (Month) (Day) (Yaar)	
5a. If marriad, widowed, or divorced HUSBAND of		
(or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from Sept. 22. 19.34, to Sept. 1 , 19.37	
6. DATE OF BIRTH (month, day, and year) July 1 1911	I last saw h.er alive on Sept. 1 ,19.37; death is said	
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 2_00_P.M.	
26 2 0 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance	
8. Trade profession or particular	were as follows:	
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, atc.  10. Date decaasad last worked at this occupation (month-and)  This progration (month-and)  Spent in this Spent in this Spent in this Spent in this	Pulmonary Tuberculosis Aug.	
Industry or business in which work was done, as SILK MILL,	of the late is an experience of the state of the late	
SAW MILL, BANK, atc	1934	
11. Total tima (years) this occupation (month and year) 1234 occupation 7Yrs		
	Other Coutributory Causes of Importance:	
12. BIRTHPLACE (city or town) Baltimore,		
(State or country) Maryland		
13. NAME A. Brinton, Cooper Sr.		
14. BIRTHPLACE (city or town)	Name of operation none Pos Sputuliff of	
(State of country) Mary Land	What test confirmed diagnosis? Chest	
15. MAIDEN NAME Amelia D. Meade  16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOLENCE) fill in also the following:	
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19	
(State or country)	Where did injury occur? (Specify city or town, county and State)	
17. INFORMANT Belle A. Cooper (Addrass) Baltimore, Md	Specify whather injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury	
Place Balto Md Date Unknown 19	Nature of Injury	
19. UNDERTAKER M. L. Creager	24. Was disease or injury in any way related to occupation of decaased?NO	
(Address) Thurmont of the	If so, specify 1 + A A / /	
DI LO TIME	(Signed) Sleward D. Maffer M.D.	
20, FILED Registrar.	(Address) State San a torsium md	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

MARGIN RESERVED FOR BINDING MLY. WITH UNFADING INK—THIS IS A PERMANENT R

V. S. No. 1

state JPA-	STATE	F MARYLAND—	CERTIFICATE OF DEATH	0000
	1. PLACE OF DEATH	/	93-3	0000
ould	County fired erus	þ	Registration Dist. No.	,
	Village or City Maux	enut	No. presquier Hospitse	Ward
		7	death occurred in a hospital or institution, give its NAME instead of street and	number)
ent N	Length of residence In city or town where d	leath occurredyrsmos.	How long in U.S. If of foreign birth?	os
CIT	2. FULL NAME 1/4 1/4	umay Cruw	Tura If U. S. Veteran, specify WAR 1900	<u></u>
PHYSICIANS ct_statement	(a) Residence ONO. 3/5	(Usual place of abode) The	St., Ward.  If nonresident give city or town and	State
PH	PERSONAL AND STATISTI	CAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
Y. Ex	3. SEX 4. COLOR OR RACE	5. SINCLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Light. 28	, 193 7
T I	5e. If merried, widowed or divorced	a · 11	(Month) (Day)	(Yeer)
X A C T	HUSBAND of Bellah	Miller	1937 to Strat 28	deceased from
	6. DATE OF BIRTH (month, dey, end year)	13.1878	Gast saw h invalive on Legst. 1 38, 1931	; deeth is said
d ]	7. AGE Yeers Months	Days II LESS then	to have occurred on the dete stated above, et	
stated E properly certificate	58 11	15 lday,hrs.	The PRINCIPAL CAUSE OF DEATH end releted causes of importance were es follows:	1
	Trede, profession, or perticular	2 / nu /.	4010 03 1010 113	Date of onset
be of	kind of work done, es SPINNER, SAWYER, BODKKEEPER, etc	Justimaker	Chr Myoundatia	Fueur
nay back	Industry or business in which work was done, as SILK MILL,	le Lateres		1
	kind of work done, es SPINNER, SAWYER, BODKKEEPER, etc	II. Total time (years)		
الد ادم أ	this occupetion (month and 4/3	spent in this occupetion		
oplied. AGE erms, so that instructions	11:-	11-	Other Contributary Causes of Importance:	
	12. BIRTHPLACE (city or town)	newing	Carlos de la Ti	1
lied ms,	1 0 111	weed at	action decompensation	(way
ter in	E	aryong.		
illy supplied plain terms,	14. BIRTHPLACE (city or town)	refer	Neme of operation Date of	710
efully in pla		AD, I	What test confirmed diagnosis?	
-	E Marce	Juraun	23. If death was due to externel causes (VIOLENCE) filt in also the following	
Ca TH	O 16. BIRTHPLACE (city or town)	reflore	Accident, suicide, or homicide? Date of injury Where did injury occur?	, 19
ld be careful DEATH in p	nin alla	en Emales Mes	(Specify city or town, county and Sta	ie)
PAN	(Address)	s included in	specify whether injury occurred in INDUSTRY, in HOME, of the Public Pl	AUE.
	18. BURIAL, CREMATION, OR REMOVAL	MIX	Menner of injury	
国语	Place Gaithershing	- Dete Sept. 30, 1937	Nature of Injury	
mation s CAUSE TION is	M.P. CA	11 mars los	24 Wes disease or injury in any wey releted to occupetion of deceased?	no.
HOH	19. UNDERTAKER (Address)	la i Mid	If so, specify	
	20 Kat 27 9.	0/71,40	(Signed) + Laurence tahi	nue M.D.
( [ )	20. FILED 27 - 746 , 19.9 / V.C	Registrer.	(Address) Fredurch my	/
		11 1 11 11 6 5		

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Example I	1	Example II		
The principal cause of death and related causes of importance were as follows:  Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis		Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage OCT 5 1901	July 5,1927	Peritonitis	3 days ago	
RUREAU V. S				
Other contributory causes of Importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

PHYSICIANS should state Exact statement of OCCUPA.

V. S. No. 1

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CAUSE OF DEATH in plain terms, so that it may be properly classified.

TION is very important. See instructions on back of certificate.

STATE	OF	MARYI	AND-CERTIFICATE OF	FDFATH
SIAIE	OL	MAKIL	AND CENTILICATE OF	DEATI

9901

1	L PLACE C	F DEAT	TH			(23)	
1	County		Frederi	ck,		Registration Dist. No	39
				anatoriu	im, Md.	No. St., death occurred in a horpital or institution, give its NAME instead of street and	Ward
	Length of re	sidence in cit	y or town where	death occurred	yrsDmos	26.ds. How long in U.S. if of foreign birth?yrsn	
:				ett T. I		If U. S. Veteran, specify WAR	
	(a) Reside	ence: No	White	Oak Spr (Usual place o	ings,	St, Ward. Frederick, Co. Mary If nonresident give city or town and	Zland.
	PERSO	NAL AN	D STATIST	CAL PARTIC	CULARS	MEDICAL CERTIFICATE OF DEATH	
	sex Female	Wh	r or race	5. SINGLE, MARI OR DIVORCED Single	(write the word)	21. DATE OF DEATH Sept 10 (Month) (Day)	_, 193
5a.	tf married, wide HUSBAND of (or) WIFE of	owed, or divo	rced			22.   HEREBY CERTIFY, That fattended March 14 ,19 37,10 Sept.	
7.	8. Trade, prof	ears 60 fession, or pa	Months 6	Feb. 12 Days 28	If LESS than 1 dey,hrs. ormin.	to have occurred on the date stated above, at 11.25n. A.M. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	7.; deeth is seid
S. Frade, profession, of particular to the kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc  9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc  10. Date deceased last worked at this occupation (menthand) 1935 spent in this year) occupation 20 Yrs.						Pulmonary Tuberculosis.  Other Contributory Causes of Importance:	Jan
-	(Stete or co			Narylar	nd.		
1ER	13. NAME		Henry C	lay Dri	11		
FATHER		CE (city or to or country)	wn)	Tenn.	1	Name of operation None Date of What test confirmed diegnosis? Chest X-Ra yas there an	
MOTHER	15. MAIDEN NAME Harriett V. Kiefer 16. BIRTHPLACE (city or town)					23. If death was due to external causes (VIOLENCE) fill in also the following Accident, suicide, or homicide?	g:
17. INFORMANT Harriett T. Drill  (Address) White Oak Springs, Md.  18. BURIAL, CREMATION, OR REMOVAL  Place Frederick, Md. Oate Unknown, 19					Md •	Where did injury occur?  (Specify city or town, county and St. Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC P  Manner of Injury  Nature of injury	LACE.
-	19. UNDERTAKER Clarence Carts (Address) Frederick D					24. Was disease or injury in any way related to occupation of deceased?  If so, specify (Signed) Courant S. Shaffe  (Address) Late Sanatorum	v m.o.

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Example I		Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

JRD. Every item of infor-PHYSICIANS should state Exact statement of OCCUPA. UNFADING INK-THIS IS A PERMANENT R stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified. TARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate. mation should be carefully supplied. AGE should be N. B. WRITE PLAMLY, WIT

V, S, No. 1

## STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEATH	
County Feldrich	Registration Dist. No. 154
Village or City Firmsthur Hld	No. St., Ward
Length of residence In city or town where death occurred 414 yrs	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. If of foreign birth?yrsmosds.
0 1000 18	
	St. Ward.
(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH  (Month)  (Day)  (lear)
5a. If married, widowed, or divorced MUSBAND of Beliand f. Echemode  (or) WIFE of Beliand f. Echemode	22. DI HEREBY CERTIFY That I attended deceased from
6. DATE OF BIRTH (month, day, and year) QX 13. 1887	I last saw h ev alive on Seff 16 1937; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, et 40.Q.m.
49 11 0 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and releted causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER,	
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked et this occupation (month end	assential Hypertension smally age
work was done, as SILK MILL, SAW MILL, BANK, etc.	Cerebral Kemerrhago- lekt 15 1937
10. Date deceased last worked et this occupation (month end year)	(14 )/
111 100 010	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) // January (State or country)	Throng regulates - runal groups
II 13. NAME Lacop to limits	
14. BIRTHPLACE (city or town)	Name of operation Two Dete of
(State or country) Frank	What test confirmed diagnosis? eluscal estand, Was there an autopsy? H.J.
15. MAIDEN NAME COMPARISON BLIGHT	23. If death was due to external causes (VIOL ENCE) fill in also the following:
	Accident, sulcide, or homicide?
(State or country) Mobile Albahanna	Where did injury occur?(Specify city or town, county and State)
17. INFORMANT OF MANY (Address)	Specify whether Injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place Emptatus 1400 she 18 1937	Nature of Injury
10 UNDERTAKED S. S. T. P. L. ASTON	24. Was disease or Injury In any way related to occupation of deceased?
19. UNOERTAKER (Address)	If so, specify
20. FILED & OS 6-1719 77 M. F. Sul	(Signed) W.R. Code, M.D.
Fool Aspistrar.	(Address) Emulosity Md.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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BURLE			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		Control of the state of the sta	
	1-4		41.

B.—WRITE PL.

E S	7. PH	Exact	
RMANENT	XACTLY	classified.	
IS A PE	stated E	properly	certificate
HIS	be	pe	Jo
-WRITE PLANLY, WILY, UNFADING INK-THIS IS A PERMANENT R. OF	mation should be carefully supplied. AGE should be stated EXACTLY. PHY	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact	TION is very important. See instructions on back of certificate.
-WRITE PL	mation should be	CAUSE OF DEAT	TION is very imp

rSICIANS should state 3D. Every item of infor-

statement of OCCUPA.

STATE OF MARYLAND—	CERTIFICATE OF DEATH 9903
County Frederick.	Registration Dist. No. 139
Village or City State Sanatorium, Md.	ND. St., Ward death occurred in a horpital or institution, give its NAME instead of street and number)  7. ds. How long in U.S. If of foreign birth? yrs. mos. ds.
2. FULL NAME Leroy William Ecker	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE   5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single	21. DATE OF DEATH  Sept 8 ,193 7 (Month) (Dey) (Yeer)
5e. If merried, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY. That I ettended deceesed from May 1 ,19 37, to Sept. 8,19 37
6. DATE OF BIRTH (month, day, end yeer)  7. AGE  Yeers  Months  22  O  23  If LESS than  1 dey,hrs.  ormin.	I lest sew h_i_M_ alive onSept8, 19_37; death is seld to heve occurred on the date steted above, et6_10_nP M .  The PRINCIPAL CAUSE OF DEATH end related causes of importance were es follows:
Note that the contract of the	Pulmonary Tubercilosis Feb.
12. BIRTHPLACE (city or town) (Stete or country)  Maryland  13. NAME  Wallace Eckert	Other Contributory Canasas of Importence:  Tuberculous Meningitis
14. BIRTHPLACE (city or town)	Name of operation
15. MAIDEN NAME Grace Haines  16. BIRTHPLACE (city or town) (Stete or country) Maryland.  17. INFORMANT Leroy William Eckert (Address) Westminster, Md.	23. If death wes due to externel ceuses (VIDLENCE) fill in elso the following:  Accident, suicide, or homicide?
18. BURIAL, CREMATION, OR REMOVAL Piece Taneytown, Md. Date Unknown 19	Manner of Injury
19. UNDERTAKER D.D. Hartzler & Sons (Address) New Windson Md.	24. Wes diseese or injury in any wey releted to occupation of deceased? NO if so, specify (Signed) security S. Shaffer M. D.

Registrar. (ADDIESS)

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
OC) 5 1937			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gustroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	БҮ	PHYSICIAN

CAUSE OF DEATH in plain terms, so that it may be properly classified.

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stated EXACTLY. PHYSICIANS should state

Exact statement of OCCUPA-

OTITE	-			OFFICE	CATE	0=	-
SIAIE	OF	MARYL	AND-	CERTIFI	CALE	OF	DEATH

1. PLA	CE OF DEATH		I MAIX	LAND		
	nty Frederick				Registration Dist. No. 13	1
Villa	Village or City Frederick				Within Corporation Limits ty Hospitast,	Ward
Leng	th of residence In city or town	whara de	eath occurred		death occurred in a hospital or institution, give its NAME instead of street and p	
2. FUL	L NAME Mrs.	Mar	v Jane	Edwards	If U. S. Veteran, specify WAR None	
	Residence: No. Doul		-1 / -	1 1	St., Cward. Dollb. Md.  If nonresident give city or town and	
		/	(Usual place			State
	RSONAL AND STA				MEDICAL CERTIFICATE OF DEATH	
Fema.	le white	CE		RIED, WIDOWED, ) (write the word)	21. DATE OF DEATH Sept. 17th, (Month) (Day)	, 193 7 (Yeer)
5a. If marrie HUSBA	ed, widowed, or divorced				22 LUEDERV CERTIEV Trademoted	daysaadd form
(or) W	IND of Rev. Phil	Lip	C. Edwa	rds	22. I HEREBY CERTIFY, That I ettended	
6 DATE OF	BIRTH (month, day, and year	n An	ril 16	1847	1 lest saw h. e. alive on Sept. 17 1937	/
7. AGE	, , , , , , , , , , , , , , , , , , , ,	nths	Days	If LESS than	to have occurred on the date stated above, at 3 . 40 Pm.	
	90 5		1	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	10.
z 8. Trac	de, profession, or particular kind of work done, as SPINN	ED II	ou comi f			Date of onset
0 1	SAWIER, BOUNNEELEW, SIC.			е	acute Cardiac dilatation c	
9. Indi	ustry or business in which work was done, as SILK MILI SAW MILL, BANK, etc	At !	home		auricular zibrillation	9/16/37
in the man	a decided that made at		44 T-1-1A	me (years)	[	
0	this occupation (month and year)	16	/3/7 sper	pation 65		
12 RIRTHP	LACE (city or town)_Ball	to.	. Md.		Other Contributory Causes of Importance: Orline Sellratio, Cardiouseukr.	
	te or country)	a-4-4-6-	g		renal distract	?
13. NAM	ME Christophe	er V	incent			
13. NAM	THPLACE (city or town)	Balt	o., Hd.		Neme of operation None Date of	7
	(State or country)				What test confirmed diagnosis? Was there an a	utopsy? Ko
15. MAI	IDEN NAME Ann E	Bayna	ard		23. If death was due to external ceuses (VIOLENCE) fill In also the following	: 5
15. MAI	THPLACE (city or town)	Balte	o., Md.		Accident, suicide, or homicide? Data of Injury	, 19
71	(State or country)				Where did Injury occur? (Specify city or town, county and State	
17. INFORM	ANT Dr. Chas. dress) Baltimore CREMATION, OR REMOVAL	R.	Edward.	s, Arts Blo	Specify whether Injury occurred In INDUSTRY, In HOME, or In PUBLIC PL	
18. BURIAL,	CREMATION, OR REMOVAL	Pi.	resville	e, Md	Manner of Injury	
Plac	Druid Ridge	<u>Ce</u>	n Date Sent.	20,1937	Natura of Injury	
	AKER M. R. Etc dress) Frederic			n	24. Was diseese or injury In any way related to occupation of deceased?	Ne
20. FILED	8-Sapt , 1987	Dra	2 f. TTC	Sundy Registraf.	(Signed) Carles N. Corrley (Address) Buelly statety	me o
		If more l	lanks are needed, a	ddress State Registrar,	2411 N. Charles Street, Balismore, Requesting U.S. No. 1.	-

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:	May 1 1029	Other contributory causes of importance:  Gastroenteritis	
Gaustones	May 1,1923	Gastroenterius	1 year

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V. S. No. 1

certificate.

See instructions on back of

TION is very important.

	2
ARGIN RESERVED FOR BINDING	BWRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT R.
C K	V S
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VED.	-THIS
五の五	INK
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AKGIN	UNFADI
,	WITH
	PLAINLY,
. INO. I	BWRITE

STATE OF MARYLAND—	CERTIFICATE OF DEATH 9905
County Freduck:	Registration Dist. No. 147
Village or City M. Way, M. C. (If Length of residence In city or town where death occurred yrs	NoSt.,Ward death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Evan Sursanay (a) Residence: No. OP. D. MX. any Mg	St., Ward.
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Male Colored Manuel  1. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Manuel Manuel  1. Manu	21. DATE OF DEATH (Obey) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Muranda Dursaway.	22.7. I HEREBY CERTIFY, That I ettended decessed from
6. DATE OF BIRTH (month, day, and year) Sept. 26.1849.	Mast sew have alive on Alphy 27 19.3 death is said
7. AGE Years Months Deys If LESS then I dey,hrs.	to heve occurred on the dete steted ebove, et /// 30/7 m.  The PRINCIPAL CAUSE OF DEATH end related causes of Importence
Trade, profession, or perticuler kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	Uremie Toisoning - Date of onset
10. Dete deceased last worked et this occupetion (month and yeer).  12. BIRTHPLACE (city or town). You and Co. (Stete or country)	Other Contributory Causes of Importance:
13. NAME Edward Glessaway	NAVI
14. BIRTHPLACE (city or town) (State or country)  Md.	What test confirmed diagnostics Si Cal funding westhere an eutopsy? Zo.
15. MAIDEN NAME Caroline Frus Kerry.  16. BIRTHPLACE (city or town)	23. If death wes due to externel ceuses (VIOLETICE) fill In also the following:  Accident, suicide, or homicide?
17. INFORMANT Mus Muranda Gussaway (Address) R.D. mx. aury, Md.	(Specify city or town, county and Stale) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL  Plece MY: Juan Carety Deterspt. 30, 1937.	Menner of injury
19. UNDERTAKER Co. M. Halt- (Address) Wan field & Md. 20. FILED Sept 29, 1937 Airchard Molescont	24. Was disease or injury in any way releted to occupation of deceesed? Ro  If so, specify  (Signed) C. M. Vau Your M. D.
Registrar.	(Address) net aury med

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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To be complete, an occupation return must state:

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk,

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
OCT 5 USA	<u> </u>			
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

mation should be carefully supplied. AGE should be stated EXACTLY.

TION is very important. See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may be

RD. Every item of infor-PHYSICIANS should state

properly classified. Exact statement of OCCUPA-

N. B.—WRITE PD

STATE OF MARYLAND—	CERTIFICATE OF DEATH	0000
1. PLACE OF DEATH	- 90	1300
County Finderick	Registration Dist. No. 13 Q	2
Village or City for Hyalls four	NoSt.,	Ward
Length of residence in city or town where deeth occurred 2. O yrsmos	death occurred in a hospital or institution, give its NAME instead of street and num  ds. How long in U.S. if of foreign birth?	
2. FULL NAME Suil fred Rosabell Ger	alex	
(a) Residence: No.	St Ward.	
(Usual place of abode)	If nonresident give city or town and Sta	ate
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH & 30	93 7
Hemal Hobile Angle	(Month) (Day)	(Year)
HUSBAND of (or) WIFE of	22. MIHEREBY CERTIFY That attended dec	ceased from
4	Tet 17 139 19 19 30	, 19. 3.7
6. DATE OF BIRTH (month, day, end yeer) Jug 1 - 1914	1 2 8	death is seid
7. AGE Years Months Days If LESS than I day,hrs.	to have occurred on the date stated above, atm.  The PRINCIPAL CAUSE OF DEATH and related causes of importance	
8. Trede, profession, or perticuler	ware as follows:	ate of onset
Kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.	attritic deformance	1824
9. Industry or business in which		1971
work was done, as SILK MILL.	Chome mys caracte	706
work was done, as SILK MILL, SAW MILL, BANK, etc.	Crown myto caracter	7.36
work wes done, as SILK MILL.	Crown mys carace	7.0%
year) 733 occupation	Dither Contributory Causes of importance:	7.9%
	Dither Contributory Causes of importance:	7.9%
12. BIRTHPLACE (city or town) for Afralfalows (Stete or country) from Lg. Staff.	Dither Contributory Causes of importance:	7.9,6
12. BIRTHPLACE (city or town) for Afralfalows (Stete or country) from Lg. Staff.	Dither Contributory Causes of importance:  Name of operation	7.96
12. BIRTHPLACE (city or town) for Hyalfalows (Stete or country) from 19 frag. 13. NAME 18 from		7.96
12. BIRTHPLACE (city or town) for Hyalfalows (Stete or country) from 19 frag. 13. NAME 18 from	Name of operation	
12. BIRTHPLACE (city or town)  13. NAME  14. BIRTHPLACE (city or town)  (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town)  16. BIRTHPLACE (city or town)  17. And	Name of operation Dete of What test confirmed diagnosis?	
12. BIRTHPLACE (city or town)  13. NAME  14. BIRTHPLACE (city or town)  (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)  (State or country)  16. BIRTHPLACE (city or town)  (State or country)  (State or country)  16. BIRTHPLACE (city or town)  (State or country)	Name of operation Dete of Was there an auto Was there an auto Date of injury Date of injury occur? (Specify city or town, county and State)	, 19
12. BIRTHPLACE (city or town)  13. NAME  14. BIRTHPLACE (city or town)  (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)  16. BIRTHPLACE (city or town)  (State or country)  17. INFORMANT  PORA Leg Sleisles	Name of operetion Dete of Whet test confirmed diagnosis? Was there an auto Was there an auto Date of injury Date of injury Where did injury occur? Date of injury	, 19
12. BIRTHPLACE (city or town)  13. NAME  14. BIRTHPLACE (city or town)  (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)  17. INFORMANT  (Address)  18. BURIAL, CREMATIDN, OR REMDYAL	Name of operation Dete of Was there an auto Was there an auto Date of injury Date of injury occur? (Specify city or town, county and State)	, 19
12. BIRTHPLACE (city or town)  13. NAME  14. BIRTHPLACE (city or town)  (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)  16. BIRTHPLACE (city or town)  (State or country)  17. INFORMANT  (Address)	Name of operation	, 19
12. BIRTHPLACE (city or town)  13. NAME  14. BIRTHPLACE (city or town)  (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)  17. INFORMANT  (Address)  18. BURIAL, CREMATIDN, OR REMDYAL	Name of operation	, 19
12. BIRTHPLACE (city or town)  13. NAME  14. BIRTHPLACE (city or town)  (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)  17. INFORMANT  (Address)  18. BURIAL, CREMATION, OR REMDYAL  Plece Ayalls Lown Mate  17. INFORMATION, OR REMDYAL  Plece Ayalls Lown Mate  17. INFORMATION, OR REMDYAL  Plece Ayalls Lown Mate  17. INFORMATION, OR REMDYAL  Plece Ayalls Lown Mate  18. BURIAL, CREMATION, OR REMDYAL  Plece Ayalls Lown Mate  19. The companion of the companion o	Name of operation  What test confirmed diagnosis?  Was there an auto  23. If death was due to externel causes (VIOL ENCE) fill in also the following:  Accident, suicide, or homicide?  Where did injury occur?  (Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE  Menner of Injury  Nature of Injury  24. Was disease or injury in any way releted to occupetion of deceased?	, 19
12. BIRTHPLACE (city or town)  13. NAME  14. BIRTHPLACE (city or town)  (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)  17. INFORMANT  (Address)  18. BURIAL, CREMATION, OR REMDYAL  Plece Pyrachology Alexandria  19. UNDERTAKER  17. INFORMAT  Plece Pyrachology Alexandria  19. UNDERTAKER  19. UNDERTAKER  17. INFORMATION, OR REMDYAL  Plece Pyrachology Alexandria  19. UNDERTAKER	Name of operation  What test confirmed diagnosis?  Was there an auto  23. If death was due to externel causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide?  Where did injury occur?  (Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE  Menner of Injury  Nature of Injury  24. Was disease or injury in any way releted to occupetion of deceased?	, 19

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Example I	i	Example II	
The principal cause of death and related causes of importance were as follows:  *Arteriosclerosis**	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset  1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:  Gallstones	May 1,1923	Other contributory causes of importance:  Gastroenteritis	1 year

ADDITIONAL S	PACE	FOR	FURTHER	STATEMENTS	BY	<b>PHYSICIAN</b>
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B.—WRITE PL

V. S. No. 1

STATE OF MARYL	AND-	CERTIFIC	ATE	OF	DEAT
----------------	------	----------	-----	----	------

1. PLACE OF DEATH	
County Jackenick	Registration Dist. No. 145
Village or City Musersville	NoSt.,Ward
Length of residence in city or town where deeth occurred 2 2 yrsmos.	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME - La Cohman Frans	klin Krosnickle
(a) Residence: No. Mklersville	St. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH  Sefstember (Bay) (Year)
5a. If merried, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I ettended deceased from
6. DATE OF BIRTH (month, day, end year) Och 4, 18 4 2	12
7. AGE Years Months Days If LESS than	to have occurred on the date steted above, et 11
84 11 12 1day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
Frade, profession, or particular kind of work done, as SPINNER,	Caremoma of
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  Industry or business in which work was done as SII K MIII	prostate) 1936
SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month end year)  year)  11. Total time (years) spent in this occupation.  2 9	123
2. ED. 7	Other Contributory Causes of Importence:
12. BIRTHPLACE (city or town) Fred'k Co.	Senerally artemo -
	Cl. R. Lite
13. NAME  14. BIRTHPLACE (city or town)  14. Citate or country)	Name of operation Date of
(State or country)	What test confirmed diagnosis? Clanical Was there en au'opsy? Ly
15. MAIDEN NAME man Calherman	23. If deeth was due to external ceuses (VIOLENCE) fill In also the following:
16. BIRTHPLACE (city or town) 18 Clerton	Accident, suicide, or homicide? Date of injury19
Stete or country)	Where did injury occur?
17. INFORMANT Cussef & Aposonie Police	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Greensickes Comelipate Alfred 9, 193)	Nature of injury
19. UNDERTAKER (Thos Airless)	24. Was disease or injury in any way related to occupation of deceased?
20. FILED Sept 18 , 1937 William & Walkel	(Signed) Prehand 14 10 dd M.D.
J Registrar.	(Address) Maddle Course, Mad

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
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Cerebral hemorrhage	July5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
			1	

OCCUPAitem of plnods PHYSICIANS classified. certificate. properly THIS pe may back so that supplied. in plain terms, carefully important. CAUSE OF DEATH pe plnods very -WRITE LION

1. PLACE OF DEATH

County Frederick Registration Dist. No. Charlesville (If death occurred in a hospital or institution, give its NAME instead of street and Length of residence in city or town where death occurred 40 vrs How long In U.S. If of foreign birth?\_\_\_\_\_yrs.\_\_\_\_mos.\_\_\_\_ds. 2. FULL NAME Alfred William Hame If U. S. Veteran, specify WAR If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 5, SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH OR-DIVORCED (write the word) September Male White idower 5e. If married, widowed, or divorced HUSBAND of That a ettended deceased from Jennie Fouche (or) WHE 18. July 6. DATE OF BIRTH (month, day, end yeer) 7. AGE Yeers If LESS than Days 1 dey,\_\_\_\_hrs. The PRINCIPAL CAUSE OF DEATH and releted causes of Importence or\_\_\_\_min. Date of onset 8. Trade, profession, or particular kind of work done, as SPINNER, Horse SAWYER, BOOKKEEPER, etc. OCCUPATION 9. Industry or business in which work wes done, es SILK MILL, SAW MILL, BANK, etc.\_\_\_\_\_ 10-Dete deceased last worked et 11. Total time (years) this occupation (month and spent in this spent in this 40 occupation 12. BIRTHPLACE (city or town) Tinois (State or country) 13. NAME Christian Hamel 14. BIRTHPLACE (city or town) ... Neme of operation.... Illinois (State or country) MOTHER 15. MAIDEN NAME 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? ..... Date of Injury. 16. BIRTHPLACE (city or town). Illanois (Stete or country) (Specify city or town, county and State) 17. INFORMANT MIS . Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE Charlesvi Te 18. BURIAL, CORMATION, OR REM Manner of Injury Nature of Injury 24. Wes disease or injury in eny way releted to occupation of deceased? 19. UNDERTAKER arvland If so, specify Registrar. If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

STATE OF MARYLAND—CERTIFICATE OF DEATH

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Example I		
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
Jay5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	3 6	
	1921 JAy5,1927	of importance were as follows:  Attack of epilepsy  1921 Run over by street car  Ady 5,1927 Peritonitis  Other contributory causes of importance:

# RALY, WITH UNFADING INK-THIS IS A PERMANENT R

MARGIN RESERVED FOR BINDING

PHYSICIANS should state MRITE PLAINLY, WILT UNITABILITY AND AGE should be stated EXACTLY. PHYSICIANS should state mation should be carefully supplied. AGE should be stated EXACTLY. FHYSICIANS SHOULD State RD. Every item of infor-See instructions on back of certificate. TION is very important. B-WRITE PL

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	· · · · · · · · · · · · · · · · · · ·
County Frederick Coulse	Registration Dist. No. 13/
Village or Gity Montevue, Emer	grand St., Ward grant occurred in a horpital or institution, give its NAME instead of street and number)
Length of rasidence in city or town whara death occurradyrsmos_	
2. FULL NAME Charles Henry D	anes If U. S. Veteran, specify WAR Warlds
(a) Residence: No. Paint of Racks Ma (Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX  1. SEX  1. SEX  1. SINGLE, MARRIED, WIDOWED, OR DIVORCED (prize the word)  1. SEX  1. SEX  1. SEX  1. SEX  1. SINGLE, WARRIED, WIDOWED, OR DIVORCED (prize the word)	21. DATE OF DEATH  (Month)  (Dey)  (Year)
5e. If married, widowed, or dispreed HUSBAND of (or) WIFE of Sellen M. Roberts	22.   I HEREBY CERTIFY. That i attended deceased from
6. DATE OF BIRTH (month, day, and year) Nov. 28 1891	I last sw him eliva on Left 16 1937; death is said
7. AGE Years Months Days If LESS than 1 devhrs.	to have occurred on the date statad above, atm.
40 9 / 0 ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:  Date of one of the principal
8. Trede, profession, or particular kind of work done, as SPINNER, Track Hand SAWYER, BOOKKEEPER, etc	Hypostalie broncho-pulumina 9/16/37
kind of work done, as SPINNER, each land.  SAWYER, BOOKKEEPER, etc.  9: Industry or businass In which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked et this occupation (month and this pocupation (month and spent in this).	Disbetts mellitus 9/1/37
this occupetion (month and spent in this occupation occupation	
12. BIRTHPLACE (city or town) Frederick CO (State or country) Maryland.	Other Contributory Causes of importance:
	miral silvasis
13. NAME Achard Planes  14. BIRTHPLACE (city or town) Frederick Co (State or country)	Name of operation
(diate of country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Mary Lawery  16. BIRTHPLACE (city or town)  (State or country)	23. if daath was due to external causes (VIOL ENCE) fill In also the following:
0 16. BIRTHPLACE (city or town). Trederick Co.	Accident, suicide, or homicide? Data of Injury, 19
E (State or country) maryland.	Where did injury occur?
17. INFORMANT Grangeline Keel (Address) Emeralmey Haspital	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, OREMATION OR REMOVED ( Heint of Proches	Menner of injury
Plece to Date Date 19, 1937	Nature of injury
19. UNDERTAKER Melle Clehison for	24. Wes disease or injury in any way ralated to occupation of deceased?
20. FILED L 8-Sept, 1987 Ina & WE Guly Registrar	(Signed) Carles H. Oxlly M. D. (Address) Bucklepatouch Sud
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. Mo. 1.

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Example I	11	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:  Gallstones	May 1,1923	Other contributory causes of importance:  Gastroenteritis	1 year
		100 100 100 m	7

-WRITE PL

V. S. No. 1 m

should state

RD. Every item of infor-

	STATE OF MARYLAND—	CERTIFICATE OF DEATH 9910
	1. PLACE OF DEATH	(83)
/	County Frederick	Registration Dist. No. 131
	Village or City Monteval, Emergene	ward (Outside) St., Ward (Deutside) St., Ward (Deut
	Length of residence in city or town where deeth occurredyrsmos.	
	2. FULL NAME Corneilous Hildely	and If U. S. Veteran, specify WAR Worlds
	(a) Restrictive: No. 104 & South St	p. St., Ward.,
	(Usual place of abode) Trea	lerich md. If nonresident give city or town and State
	PERSONAL AND STATISTICAL PARTICULARS  3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED.	21. DATE OF DEATH
	male white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	Month) (Day) (Yeer)
	5e. If married, widowed, or divorced HUSBAND of	22. A I HEREBY CERTIFY. Thet I attended deceased from
	Granche Hildelrand	Lest 201937 to Lest 27 1937
e.	6. DATE OF BIRTH (month, day, end yeer) March 10, 1887	i last sawnim allve on Lept 2 1, 1937; deeth is said
certificate	7. AGE Yeers Months Deys If LESS then	to heve occurred on the dete steted above, et / / m.
rtif	50 6 /7 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and releted causes of importence were es follows:
of ce	8. Trade, profession, or perticular kind of work done, as SPINNER, Sawyer, BOOKKEPPER, etc.	Charles 10 x xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx
	Industry or business in which	The state of the s
back	work was done, as SILK MILL, Mills, SAW MILL, BANK, etc.	Cheminal My 313 346
on	10 10 Date deceased lest worked at 11. Total time (years) 3 3 mg this occupation (month end	6
instructions	yeer) occupation	Other Contributory Causes of importance:
ıcti	12. BIRTHPLACE (city or town) Reduction (State or country)	
strı	13. NAME Thomas Kildebrand	tack on was and warmer of war
	I trades he	Name of operation
See	14. BIRTHPLACE (city or town) \ (Stete or country) \ Maryland.	What test confirmed diegnosis?
nt.	15. MAIDEN NAME Matilda Shaffer.	23. If deeth was due to external ceuses (VIOLENCE) fill in also the following:
important.	15. MAIDEN NAME Matida Shaffer.  16. BIRTHPLACE (city or town) Frederick Co.	Accident, suicide, or homicide? Dete of Injury, 19
n po	(State or country) maryland.	Where dld Injury occur? (Specify city or town, county and State)
	17. INFORMANT Covangeline Suce	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
very	(Address) Christian Programme The Danie Will.	Manner of Injury
3	Piece put, bliver lan Deter px 29,1937	Nature of Injury
TION	la E. loling + Long	24. Wes disease or injury in any was related to occupation of deceased?
I	19. UNDERTAKER O.C. (Address) Frederica ned.	If so, specify
1	20, FILED 29 - Sept, 19 Dorleudy	(Signed). D. D.
8	D	(Address) III I D I D I I I I I I I I I I I I I

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To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

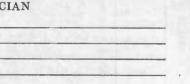
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	Example I		Example II	
The principal cause of death and related causes of importance were as follows:		Date of onset	The principal cause of death and related causes of importance were as follows:	
Arteriosclerosis	OCT 5 1937	1915	Attack of epilepsy	1 week ago
Chronic interstitial nepi	hritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	BUREAU V. S.	July 5,1927	Peritonitis	3 days ago
Other contributory co	auses of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year



FOR BINDING

ARGIN RESERVED

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1	. PLACE OF DEATH			93-c	,
	County Frederick		a salahar	Registration Dist. No. 18	/
	Village or Gity Montevue			No Emergency Hospital St	Ward
/			I) Contraction	f death occurred in a hospital or institution, give its NAME instead of street and n	umber)
/				sds. How long In U.S. If of foreign birth?yrsmo	sds
2	FULL NAME Mrs. Eve	4	ine Hiss	eyIf U. S. Veteran, specify WARNone	
	(a) Residence: No. $24~\mathrm{E}_{ullet}$	Sixth W	edende	Ward.  If nonresident give city or town and s	S
CONTRACT.	PERSONAL AND STATIS	TICAL PART		MEDICAL CERTIFICATE OF DEATH	Xate
3. 3	SEX 4. COLOR OR RACE		RRIED, WIDOWED,	21. DATE OF DEATH	
F	emale White	OR DIVORCE	D (write tha word)	September 6,	193.7
_	if marriad, widowad, or divorcad	1 7 CCT T T	. va	(Month) (Day)	(Yaar)
	HUSBAND of Charles H	issey		22. MIHEREBY CERTIFY, That I attended d	aceesed from
		DIE . THE		10 left 6	
	DATE OF BIRTH (month, day, and year) N  AGE Yaars Months		1, 1915	I lest saw har alive on left	; death is said
6. 1	AGE Yaars Months	Days 5	If LESS than 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance	
			ormin.	ware as follows:	Date of onse
5	8. Trada, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc	Housewi	fe	myo carolitin (Chr	-
A	.9. Industry or business in which	A - TT		Ingoverseum (CV	F
OCCUPATION	work was dona, as SILK MILL, SAW MILL, BANK, etc	At Home	; 	my viarchal sassifficing	
Ö	To-Data deceased last worked at this occupation (month and	37 II. Total	tima (years)	The state of the s	
	year)	occ	upation	Other Contributory Causes of importance:	
12.	BIRTHPLACE (city or town)	1000		-	
~	(Guille of Godully)	Land		acute Decemperation	
HE	13. NAME William Fite				
FAIHER	14. BIRTHPLACE (city or town) Pre	derick aryland		Name of operation Date of	
	74 7r	ash		Whet test confirmed diegnosis? Was there an a	utopsy?M
HE				23. If death was due to external causes (VIOLENCE) fill in also the following:	
MOTHER	10. DIKINGE (CITY OF TOWN)	derick	3	Accident, suicide, or homicide? Date of injury	, 19
	(Stata or country)	Maryland		Where did injury occur?(Specify city or town, county and State	<u>.</u> )
17.	INFORMANT Miss. Evange		e	Spacify whather injury occurred in INDUSTRY, in HOME, or in PUBLIC PLA	CE.
18	(Address) Emergency H	<u>ospital</u> de Cemet	0.7377		
	Place Walkersville,	Mone 9	19, 1937	Manner of Injury	
1	N D THE	7000 C. C.		Nature of injury	1/10
19.	UNDERTAKER M. R. Etchi (Address) Frederick	son & So		24. Was disease or injury in any way ralated to occupation of daceased?	V.540
	O. LY or		101	(Signed) It Laurence Falining	M
20.	FILED Sept 1 , 1931 WL	a. 1. vu-	Registrar.	(Address) Frederick, Maryland	F

B.—WRITE PLAMLY, WITH

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Example 1	11	Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
	100		

Date of enset

STATE OF MARYLAND—CERTIFICATE OF DEATH OCCUPA-1. PLACE OF DEATH County Frederick Registration Dist. No. Village or City Braddock (If death occurred in a hospital or institution, give its NAME instead of street and number) PHYSICIANS How long in U.S. if of foreign birth?\_\_\_\_\_yrs.\_\_\_\_mos.. Length of residence in city or town where death occurred. Exact statement 2. FULL NAME Leonard B. If U. S. Veteran, specify WAR None Braddock Maryland (Usual place of abode) If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 21. DATE OF DEATH 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Male White Married 5e. If married, widowed, or divorced HUSBAND of (or) WHIL of Edna Irene Miller 6. DATE OF BIRTH (month, day, and year) [1] properly 7. AGE Years Months If LESS than Days 1 dey,\_\_\_\_hrs. The PRINCIPAL CAUSE OF DEATH and related Guses of Importance or .... min. Trade, profession, or particuler kind of work done, es SPINNER, Carpenter SAWYER, BOOKKEEPER, etc. OCCUPATION Studustry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc..... may 10. Date deceased last worked at 11. Total time (years) spent in this 42 this occupation (month and that year) \_\_\_\_\_ Braddock 12. BIRTHPLACE (city or town) ... (State or country) terms, FATHER Not Know 13. NAME Know Do Not Nama of operation.... 14. BIRTHPLACE (city or town) plain (State or country) What test confirmed diagnosis? ...... Wes there an autopsy D. Hoffman MOTHER 15. MAIDEN NAME 23. If deeth was due to external causes (VIOLENCE) fill in also the following: in important Braddock Accident, suicide, or homicide?\_\_\_\_\_\_ Date of Injury\_\_\_\_\_\_ 19. CAUSE OF DEATH 16. BIRTHPLACE (city or town) (State or country) Where did injury occur?\_\_\_\_. be (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE Mrs. Leonard 17. INFORMANT. plnods very 18. BURIAL, GREMATION, OR REMOVAL Manner of Injury Cem. Dete Sept. 15 19 37 Nature of Injury. LION 110 24. Was disease or injury in any way related to occupation of 19. UNDERTAKER (Address) If so, specify (Signed) 20. FILED 1 5- Sent 1937

Registra If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis COT F 3007	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage BUREAU V. S.	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:  Gallstones	May 1,1923	Other contributory causes of importance:  Gastroenteritis	1 year

PHYSICIANS should state Exact statement of OCCUPA-

	2	6
ANGIN RESERVED FOR BINDING	-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT R	mation should be carefully supplied. AGE should be stated EXACTLY.
FOR	IS A ]	stated
בינו	HIS	pe
OET V	NK-T	plnods
N PER	ING I	AGE
ANGI	UNFAD	supplied.
	WITH,	refully a
	YLY	e ca
Į	E	q p
)	PI 2	shou
	-WRITE	mation s

B.-WRITE PLAINL

V. S. No. 1

CAUSE OF DEATH in plain terms, so that it may be properly classified.

TION is very important. See instructions on back of

certificate.

STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEATH	
County Freducte:	Registration Dist. No. 147
Village or City M. arry, Md.	NoSt., Ward
	f death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residenca in city or town where death occurred yrs mo	sds. How long in U.S. if of foreign birth?yrsmosds
2. FULL NAME Color D. Horne	
(a) Residence: No. mx. any, md.	St., Ward.
(Usgal place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Sept. 27, 193 7.
I smale Must married.	(Nonth) (Oay) (Year)
5a. If married, widowed, or divorcad HUSBAND of	22. I HEREBY CERTIFY, That I ettended daceased from
(or) WIFE of alkat Home	Reft 27, 1937, to Sept 27, 1937
6. DATE OF BIRTH (month, day, and year) Oct. 12, 1887	I last saw here alive on Sept 22, 1937; death is sai
7. AGE Years Months Days If LESS than	to have occurred on the date stated above. at 145 Tho
149 11 15 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
9 Trade profession or particular	were as follows:
kind of work dona, as SPINNER.  SAWYER, BOOKKEEPER, etc.  Touch wife	Con To Market Market
9. Industry or business in which	Cleule Myocardiae Justificana 4-2
work was done, as SILK MILL, SAW MILL, BANK, etc	
S. House, procession, or particular to the state of the s	
year) occupation	
12. BIRTHPLACE (city or town) Balto, City	Offier Contributory Causes of importance.
(State or country) Md	Hausen 9-2.4
13. NAME GRONGE 9. The hit have	
13. NAME Longe J. Light himse	Name of operation.
(State or country) Hermany	What test confirmed diagnostic and funding Was there an autopsy? No
15. MAIDEN NAME / Day Prefixed	23. If death was due to external causes (VIDLENCE) fill h also the following:
15. MAIDEN NAME Down Profitance  16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?0ete of injury
16. BIRTHPLACE (city or town) 7/1/4 cma	Where did injury occur?
111.8/2/2	(Specify city or town, county and State)
(7. INFORMANT M. MALLY MALLY (Address) M. X. Duck	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manage of Julium
Place Western Centry Date Sept. 30, 1937	Manner of injury
/ m she ex	
19. UNDERTAKER (Address)	24. Was disease or injury in any way ralated to occupation of deceased? Mo
(nouress) Transfer, ma	It so, specify
20. FILEO Deft 29, 1937 Welley Molesund	(Signed)
Registrar.	(Address)

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

AGE should be stated EXACTLY.

CAUSE OF DEATH in plain terms, so that it may be properly classified.

supplied.

mation should be carefully -WRITE PLAINLY,

TION is very important. See instructions on back of certificate.

PHYSICIANS should state

of OCCUPA-

Exact statement

# STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEATH	(20)
County Frederick	Registration Dist. No. 144
Village or City Thursmanh	No. St. Ward
(1	f death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred 24 yrs. 7 mos	s. 2 ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Mary Susan Re	yer
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS  3. SEX 4. COLOR OR RACE 5. SINGLE MARRIED WIDOWED.	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH IN 1237
Finale Mille Single	(Nonth) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	22. I HEREBY CERTIFY That   attended daceased from
(or) WIFE of Sungeles	Jun 19 1037 10 Al Mu (2 1937
6. DATE OF BIRTH (month, day, and year) 2 2 1 1877	Mast saw help eliva on July 12 19 37; death is sald
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 71 45 P. M.
.59 9 21 1 day,hrs.	were as follows:
8 Trade profession or particular	Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	- 2 actions 2de
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	
11. Total time (years) this occupation (month and yaar)	Λ
yadı) ocsupation	Other Cours outers Causes of importances
12. BIRTHPLACE (city or town)	Welloutin Coules, 874
10	Plumman Seweday Vy
14. BIRTHPLACE (city or town) Inaugland	77
14. BIRTHPLACE (city or town) Months (State or country)	Name of operation Data of
	What test confirmed diagnosis? Was there an autopsy?
I The top of the state of the s	23. If death was dua to external causes (VIOLENCE) fill in also tha following:
O 16. BIRTHPLACE (city or town) Aparepland (State or country)	Accident, suicide, or homicide?
7 4 4 4	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT ALD CANAL TO A CANA	Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manage of inform
Place Les Bearreton Date Self 15, 1925	Manner of injury
16:011:1.9/01	
19. UNDERTAKER ALLAS GONELY (Address)	24. Was disease or injury in any way related to occupation of deceased?  If so, specify
Rolet 111 27 / 1000	(Signer)
20. FILED SILVE T., 19.9. S. Mara III e Registrar.	(Address) Colored M. D.
	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Ö ż

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related eauses of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 weck ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage OCT 2 1937	July 5, 1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	100
Gallstones	May 1,1923	Gastroenteritis	1 year

Charles Million		

AD. Every item of infor-PHYSICIANS should state

stated EXACTLY.

CAUSE OF DEATH in plain terms, so that it may be properly classified.

mation should be carefully supplied. AGE should be

See instructions on back of certificate.

TION is very important.

Exact statement of OCCUPA-

# STATE OF MARYLAND-CERTIFICATE OF DEATH

County Frederick Registration Dist. No. 144	
Village or City Near Thurmont No	Ward
(If death occurred in a hospital or institution, give its NAME instead of street and num.  Length of residence in city or town where death occurred. 30 yrs	nber)
Gammia W Kalbaugh	
2. FULL NAME IT U. S. Veteran, specify WAR	
(a) Residence: No. Thurmont (Outsbde) St, Ward.  (Usual place of abode) If nonresident give city or town and St	ate
PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)  Female White Married (Month) Sept. (Month)	93
Female White Married (Month) (Day)  5a. If married, widowed, or divorced HUSBAND of Part of Automotion (Day)	(Yeer)
HUSBAND of John W. Kelbaugh 22. I HEREBY CERTIFO. Thet attended de	gased from
6. DATE OF BIRTH (month, day, and year) Mch. 21st. 1867 (last saw h. alive on 1997)	leeth is sald
7. AGE Years Months Deys If LESS than to have occurred on the date stated above, et	sur
70 5 The PRINCIPAL CAUSE OF DEATH end related causes of Importance were as follows:	Date of onset
8 Trade profession or particular	933
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc HOUSEWITE  SAWYER, BOOKKEEPER, etc HOUSEWITE  Vork was done, as SPINNER, SAW MILL, BANK, etc OWN home SAW MILL, BANK, etc 11. Total time (years)  10. Date deceased lest worked at this generation from the same to this generation from the same to this constraint of months and the same to this constraint of the same to the s	
10. Date deceased lest worked at this occupation (month and un 35 spant In this 40 occupation	
Other Coatributory Causes of importance	
12. BIRTHPLACE (city or town) WOLFSVILLE (State or country)  Md  Salaman	
ш 13. NAME Josiah Recker	
13. NAME Josiah Recker  14. BIRTHPLACE (city or town) Thurmont Date of	
(State or country) Md What test confirmed diagnosis? Was there an au'	opsy?Zev
15. MAIDEN NAME Mary Cline 23. If death was due to external causes (VIOLENCE) fill in also the following:	
16. BIRTHPLACE (city or town) Wolfsville Accident, sulcide, or homicide? Date of injury (State or country) Md. Where did injury occur?	, 19
(Specify city or town, county and State)  17. INFORMANT John W. Kelbaugh  Specify whether Injury occurred in INDUSTRY, In HOME, or in PUBLIC PLAC	E.
(Address) Thurmont MD	
18. BURIAL, CREMATION, OR REMOVAL Place Thurmont.U.B.Cem. Sept.II, 1937 Neture of injury	
19 UNDERTAKER M. L. Creager & Son. 24. Was disease or injury In eny way related to occupation of deceased?	no
(Address) Thurmont MD If so, specify	
20. FILED Sept. 10, 1937 Ama We Jones (Signed) Morris a Busy	M. D.

V. S. No.

B.-WRITE PLA

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	Example I	å.	Example II		
The principal cause of importance were	of death and related causes as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis DECEIVED		1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis		1921	Run over by street car	1 week ago	
Cerebral hemorrhage	oct 2 1937	July 5,1927	Peritonitis	3 days ago	
44.	BUREAU V. S.				
Other contributory	causes of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis .	1 year	
-					

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

TION is very important. See instructions on back of certificate.

PHYSICIANS should state

B.—WRITE PI

STATE OF MARYLAND—	CERTIFICATE OF DEATH 9916
1. PLACE OF DEATH	
County I rederick	Registration Dist. No. 145
Village or City Mr. Musersvill	No. St Ward
Length of residence in city or town where death occurred 4 1 yrs mos.	death occurred in a horpital or institution, give its NAME instead of street and number)
7/.0 %	now long in 0.0, if of foleign birth:yisniosuus.
h. 5.	) (4 14-14
(a) Residence: No. My Mylls (Sual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)  Temale  White	21. DATE OF DEATH Sept 8, 1933 / (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Dave Teameds.	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year)  7. AGE  Years  Months  Days  If LESS than 1 day,hrs.	to have occurred an title date stated above, at
8. Trade, profession, or particular	were as follows: Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. home	Bullet Wound 9-8-37
9. Industry or business in which work was done, as SILK MILL,	in heart
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc  10. Date deceased last worked at this occupation (month and year)  occupation	
12. BIRTHPLACE (city or town) 200 myerorilly (State or country) Fred'k Co. 2 2 2	Other Contributory Causes of importance:
- Linai	
E CONTRACTOR	
14. BIRTHPLACE (city of town)   near   Myersville.   (State or country)   Ma.	What test confirmed diagnosis? Was there an au'opsy?
15. MAIDEN NAME Lusantapole	23. If death was due to external causes (VIOL ENCE) fill in also the following:
15. MAIDEN NAME  15. MAIDEN NAME  16. BIRTHPLACE (city or town)  16. State or country)  17. MAIDEN NAME  18. MAIDEN NAME  18. MAIDEN NAME  18. MAIDEN NAME  19.	Accident, fulcide, or homicide?  Date of Injury 7-8-, 1972 T  Where did injury occur? M. YAN A at her manufactures.
17. INFORMANT Mrs. Susan Shank (Address) Muer mille med	Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL CREMATION, OR REMOVAL Space Parelo Full and Date 9/11, 1937	Manner of Injury Pastol Shot  Nature of injury Bullet wound in head
19. UNDERTAKER Sittle Bros (Address) Myersville md.	24. Was disease or injury In any way related to occupation of deceased?
20. FILED Dept. B1, 1937, William & Washtel Registrar.	(Signed) Some And M. D.  (Address) Med Alastana
If more blonks are model at a Company	The state of the s

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

PHYSICIANS should state

properly classified. Exact statement of OCCUPA-

mation should be carefully supplied. AGE should be stated EXACTLY.

LY, WITH

B.—WRITE

V. S. No. 1

TION is very important. See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may be

STATE	OF	MARYL	AND-CE	RTIFICATE	OF	DEATH
JIAIL		MULICIE	VIAD CE	VIII IONIL	- 01	DEAL

1	L PLACE	OF DEA	TH	ZI WIZH	LAND	The second of th
	County	Fred	erick			Registration Dist. No. 13 0
1	/		Adamstov	vn .		17 1 267
/	Langth o	of rasidence in	city or town whare	death occurred 5	(i	No. Adams town . Man St., Ward f death occurred in a hospital or institution, give its NAME instead of street and number)  s
						If U. S. Veteran, specify WAR None
			Adamsto		5.0 1 2.0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	St., Ward.
E CONTRACTOR OF THE PARTY OF TH				(Usual place		If nonresident give city or town and State
-	SEX		OR OR RACE	ICAL PARTI		MEDICAL CERTIFICATE OF DEATH
3.	Male		hite	5. SINGLE, MARI OR DIVORCED	(write the word)	21. DATE OF DEATH  Sentember 12th, 193 7  (Month) (Day) (Year)
5a.	HUSBANO					22.   HEREBY CERTIFY, That i attended dacaasad from
	(or) WIFE	or Est	elle Ni	chols		, 19, to, 19, 19
6.	DATE OF BU	RTH (month, d	ay, and yeer)	ctober 1	1, 1866	lest saw h im Dalive on Sent. 12, 1937; death is said
7.	AGE	Yaars	Months	Days	If LESS than I day,hrs.	to heve occurred on the data stated above, atm.
_		70	111	1 1	ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importence were es follows:
NO	Trade, I	profession, or d of work done	particular , as SPINNER,	Salesman		Municipalition
ATI	9. Industr	y or business	in which	omas & C		Langed himself
OCCUPATION						
Ö	this	eceased last we occupation (m	onth and 9/3"	7 Spen	me (yaars) t in this 25 pation	f
-						Other Contributory Causes of Importance:
12.		CE (city or town r country)	Maryla	and		
ER	I3. NAME	John	H. Kes	sler		
FATHER	14. BIRTHP	LACE (city or	town)			Name of operation Date of
_		ate or country)		ryland		What test confirmed diagnosis? Was there an autopsy?
HER	IS. MAIDER	N NAME	ucy Cro	nwell		23. If daath was due to external causes (VIOLENCE) fill in also the following:
MOTHER		PLACE (city or ete or country)	town)][ar	yland		Where did injury occur? A and south My
17.	. INFORMANT	Mrs. Adam	C. C. I	Kessler Taryland		(Specify city or town, county and State) Spacify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18		emation, or reder		Olivet	15. 1937	Mannar of injury
19	, UNOERTAKI (Addres	er M.	R. Etch: derick,	ison & S Marylan	on d	24. Was disease or injury in any way ralated to occupation of deceased?
20	FILEO. Se	W.15	, 19.3.7.	Jums	elev Registrar.	(Signed) (Elicopher M.D. (Addrass) Buckeystown, Veryland

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BUREAU			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	<b>FURTHER</b>	<b>STATEMENTS</b>	BY	PHYSICIAN
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PERMANENT

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STATE OF MARYLAND—CERTIFICATE OF DEATH OCCUPA-1. PLACE OF DEATH plnods County Frederick. Registration Dist. No. Village Dr City State Sanatorium, Md. No. St., Ward (If death occurred in a horpital or institution, give its NAME instead of street and number) jo Length of residence in city or town where death occurred 4 yrs, 3 mos. 22 ds. How long in U.S. if of foreign birth? yrs, mos, ds. PHYSICIANS statement 2. FULL NAME John Henry Kolbe If U. S. Veteran, specify WAR (a) Residence: Np. 2677 Frederick, Ave. St., Ward. Baltimore, Maryland (Usualplace of abode)

| Hinteresticat give city or town and St. Exact PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 5. SINGLE, MARRIED, WIDOWED, 4. COLOR OR RACE 21. DATE OF DEATH OR DIVORCED (write the word) White Male Single classified. 5a. If married, widowed, or divorced HUSBAND of I HEREBY CERTIFY. That I attanded deceased from (or) WIFE of May 28 19 33, to Sept. 20, 19 37 × I last sew h. i.m. alive on Sept 20 19.37; death is said H 6. DATE OF BIRTH (month, day, and year) properly .Tan 7. AGE to heve occurred on the date stated above, at5 \_ 1.7 \_ Rn. M \_ If LESS than Months Days stated 1 day ....hrs. 0 The PRINCIPAL CAUSE OF DEATH and related causes of importance 22 or .... min. Date of onset 8. Trade, profession, or particular kind of work dona, as SPINNER, UPATION Pulmonary Tuberculosis May Industry or business in which work was dona, as SILK MILL, may should SAW MILL, BANK, etc .... O Data daceased last worked at 11. Total tima (years) spent in this this occupation (month and so that 12. BIRTHPLACE (city or town)\_\_ Maryland. (State or country) supplied. DEATH in plain terms, FATHER 13. NAME William H. Kolbe Name of operation\_\_none. 14. BIRTHPLACE (city or town)\_\_\_\_\_ (State or country) Marvland What test confirmed diagnosis; MOTHER 15. MAIDEN NAME 23. If death was due to external causas (VIDLENCE) fill in also the following: Accidant, suicide, or homicide?\_\_\_\_\_\_ Date of Injury\_\_\_\_\_\_ 19 16. BIRTHPLACE (city or town). (State or country) Unknown (Specify city or town, county and State) John Henry Kolbe Specify whether injury occurred in INDUSTRY, In HDME, or In PUBLIC PLACE. OF Baltimore. Md. 18. BURIAL CREMATION, OR REMOVAL Manner of injury CAUSE Place Balto, Md. Data Unknown 19 Natura of Injury. NOIL 19. UNDERTAKER ..... M.L.Creaker (Address) Thurmonty Md If so, specify .. 20. FILED

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Chronic interstitial nephritis COT 5 1931	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY I	PHYSICIAN
--	-----------

V. S. No. 1

1	PLACE OF DEATH	10 /3.2
	County thederick 1 As	Registration Dist. No. 139
	Village or City Near Formille	NDSt.,Wa
		death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. If of foreign birth?yrsmos
2	FULL NAME Robert Lee Kuly	If U. S. Veteran, specify WAR
	(a) Residence: Np.	St., Ward.
	(Usual place of abode)	If nonresident give city or town and State
3. S	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	Male John Divorced (write the word)	21. DATE OF DEATH  (Month)  (Day)  (Yeer)
5a.	If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, Thet I attended deceased for the state of the st
6. D	ATE OF BIRTH (month, dey, end yeer) July 25-193 X	I last saw h. alive on
7. A	GE Yeers Months Days If LESS then	to heve occurred on the date steted above, at 3g- Pm.
	3 /// /26   1day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importence were as follows:
S	8. Trede, profession, or perticular kind of work done, es SPINNER,	they received fight
UPATION	SAWYER, BOOKKEEPER, etc	Jarying earl
U I	work wes done, es SILK MILL, SAW MILL, BANK, etc	(73)
8	10. Date decessed lest worked at this occupation (month and year)	
12.	BIRTHPLACE (city or town) Fahrille	Other Centributory Causes of Importance:
×	(State or country)  13. NAME  TO AND	
ATHER		Name of constitute
F	14. BIRTHPLACE (city or town). (Stete or country)	Neme of operation Date of Was there an autopsy?
HER	15. MAIDEN NAME Clisa Bulyman	23. If death was due to external causes (VIOLENCE) fill in also the following:
MOT	16, BIRTHPLACE (city or town) taken	Accident, suicide, or homicide?
2	(State or country)	Where did injury occur? (Specify city or town, county and State)
	INFORMANT (Address)	Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
18.	Place MA September Detection 37, 1937	Menner of injury
19.	UNDERTAKER (Address)	24. Wes diseese or injury In any wey releted to occupetion of deceased?
20.	FILED 9/24, 1937 Chas & Shields Registrar.	(Signed) A Golden (Address) Land funcy

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5,1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

1	. PLACE OF DEATH  County Frederick	Registration Dist. No. 131
	Village or City Frederick (Itensity of residence in cities or town where death occurred O yrs. mo:	NoFrederic City Hospitalst, Wa f death occurred in a hospital of contitution, give its NAME instead of street and number)  s. ds. How long in U.S. of foreign birth? yrs. mos. (
2	(a) Residence: No. 25 Dill Avenue Treduction (Usualplace of abode)	If U. S. Veteran, Specify WAR None  Licer, W. d. Ward.  If nonresident give city or town and State
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
F	demale White Single, Married, Widowed, OR Divorced (write the word)	21. DATE OF DEATH (Day) (Year)
5a.	If merriad, widowed, or divorced HUSBAND of (or) WfFE of	22. I HEREBY CERTIFY, Thet I attended deceased fr Sep 7 2 1927, to Sep 7 2 193
6. 1	DATE OF BIRTH (month, day, end yeer) Sept. 2, 1937	I last sew her since on Dep + 2 1937; death is s
7. /	AGE Years Months Deys If LESS than 1 dey,hrs.	to heve occurred on the data stated above, st6m.  The PRINCIPAL CAUSE OF DEATH and releted causes of importance were as follows:
LION	8. Trede, profession, or particular kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.	Still Born Sen
OCCUP	work wes done, as SILK MILL,  SAW MILL, BANK, etc.  10. Date deceesed last worked at this occupetion (month and spent in this occupetion	
12.	BIRTHPLACE (city or town) Frederick (State or country) Maryland	Other Centributery Causes of importanca:
ER	13. NAME Stephen S. Langley, II	
FATH	14. BIRTHPLACE (city or town) Winchester, (State or country) Mass.	Neme of operetion Date of Date of Whet test confirmed diagnosis? Wes there en autopsy?
HER	15. MAIDEN NAME Dorothy Henning	23. If deeth wes due to externel causes (VIOL ENCE) fill in eiso the following:
MOT	16. BIRTHPLACE (city or town) East Orange (Steta or country) N. J.	Accident, suicide, or homicide?, 19
	INFORMANT Mr. S. S. Langley (Address) Frederick, Maryland	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18.	Plece Frederick, Md. Date 9/3, 1937	Menner of injury
19.	UNDERTAKER M. R. Etchison & Son (Address) Frederick, Maryland	24. Wes diseese or injury in any was related to occupation of deceesed?
20.	FILED Sept 3- 1937 Ira J. IT- Curdy	(Signed) In relevel (Le

MARGIN RESERVED FOR BINDING

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Example I	1	Example II		
The principal cause of death and related cause of importance were as follows:  Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage QCT 5 1931	July 5,1927	Peritonitis	3 days ago	
BUREAU V.		3		
Other contributory eauses of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
		Lance Control of the		

PHYSICIANS should state AD. Every item of infor-

> stated EXACTLY. properly classified.

AGE should be

TION is very important. See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may be

mation should be carefully supplied.

B.—WRITE PL.

V. S. No. 1

Exact statement of OCCUPA.

1. PLACE OF		T MAK	TLAND—	CERTIFICATE	OF DEATH	9921
County	Frederi	ck.		مر	Registration Dist. No	139
Length of residen	State S	anatori	um, Md. (li yrs. 2 mos	ND.  f death occurred in a horpital or ins  27 ds. How long in U.S.	titution, give its NAME instead of a lift of foreign birth?yrs.	St., Ward street and number) ds.
					Baltimore, Mar	
PERSONAL	L AND STATIST	ICAL PART	ICULARS	MEDICAL	CERTIFICATE OF DE	ATH
Male	COLOR OR RACE	5. SINGLE, MAR OR DIVORCE Sing	RRIED, WIDOWED, ED (write the word)	21. DATE OF DEATH	Sept 13 (Month) (Day)	, 193
5a. If married, widowed, HUSBAND of (or) WIFE of	or divorced			June 16	BY CERTIFY, That I	13 , 19 37
6. DATE OF BIRTH (mo	nth, day, end year)	April 1	5 1876	- H	Sept 12	, 19 37, death is sald
7. AGE Years 61	Months 4	Days 28	If LESS than  1 day,hrs.  ormin.	H	tated above, at 9.30.AM EATH and related causes of import	ance Date of onset
Work was do SAW MILL, I	ne, as SILK MILL, BANK, etc	11. Total (	time (years) int in thin 14 Yrs. upation 14 Yrs.	Pulmonary Tu		April 1937
을 13. NAME	William			_	•	
(State or cou		Marylar		Name of operation NON What test confirmed diagnosis?	DUG ZUITI	Date of
15. MAIDEN NAME Louise Heinsman  16. BIRTHPLACE (city or town)  (State or country)  Maryland				causes (VIOL ENCE) fill In elso the	e following: ry, 19	
17. INFORMANT Edward LaPorte (Address) Baltimore, Md.  18. BURIAL, CREMATION, OR REMOVAL Place Balto Md. Date Unknown19			Specify whether Injury occurred  Manner of Injury	d In INDÚSTRY, In HOME, or In P		
19. UNDERTAKER(Address) 20. FILED		der	Period	24. Was disease or injury In an If so, specify (Signed)	y way related to occupetion of decidents of the state of	fer M.D.

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-WRITE PLANAY, WITH UNFADING INK-THIS IS A PERMANENT RESEARCH STORY item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. N. B.-WRITE PLA

ARGIN RESERVED FOR BINDING

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	- 159)
County Frederick	Registration Dist. No. 131
Willago or City Fredic Con Horpeton	> No. Fredericks City Hospital Ward
(If Length of residence In city or town where death occurred	death occurred in a hospital or institution, give in NAME instead of street and number)  ds. How long in U.S. if of foreign birth?
4. 1 7 7 -1	
2. FULL NAME // AUSTY / NOCK	If U. S. Veteran, specify WAR
(a) Residence: No. 554 36 (disual place of abode) Jac	St. Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX  4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH  (Month)  (Day)  (Year)
5a. If married, widowed, or divorced PL	
(or) WIFE of	22. I HEREBY CERTIFY That I attended decased from
6. DATE OF BIRTH (month, day, and year)	I last saw h My alive on Den 4 1937 death is said
7. AGE Years   Months   Days   If LESS than	to have occurred on the data stated above, at 4-30 m.
1 day, - 8hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8 Trade profession or particular	A
SAWYER, BOOKKEEPER, etc	Grematine 7 min
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	
I TO. Date daceased last worked at 11, Total time (years)	
this occupation (month and spent in this occupation occupation	
12. BIRTHPLACE (city or town) Tredunck had	Other Contributory Causes of Importance:
(State or country)	
13. NAME Henry R. Cochuna  14. BIRTHPLACE (city or town) Treduce	
	Name of operation
(State or country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Marie / Langan	23. If death was due to external causes (VIOL ENCE) fill In also the following:
16. BIRTHPLACE (city or town) freduct (Co.  (State or country)	Accident, suicide, or homicide?
Harry To-ch-	Where dld injury occur? (Specify city or town, county and State)
17. INFORMANT (Address) Frederick Wel.	Specify whether Injury occurred In INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, SARMATON OR FRANCISCH Date Sept. 7 1937	Manner of Injury
19. UNDERTAKER 6. E. Chine Home Med. (Address) Frederica Med.	24. Was disease or injury in any way related to occupation of deceased? WO
20. FILED Sept 7, 1937 Ina J. Wi Curdy Respirar.	(Signed) Herounce Fahiney M. D.  (Address) Freduid my
If more blanks are needed, address State Registrar.	2411 N. Charles Street, Baltimore, Requesting V. S. No. 2

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Chronic interstitial nephritis - 5 1931	1921	Run over by street car	1 week ago		
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago		
BUREAU V. S.					
Other contributory causes of importance:		Other contributory causes of importance:			
Gallstones	May 1,1923	Gastroenteritis	1 year		
			L		

should state

PHYSICIANS

stated EXACTLY. properly classified.

be

TION is very important. See instructions on back of certificate.

mation should be carefully supplied. AGE should be

B.-WRITE

V. S. No. 1

CAUSE OF DEATH in plain terms, so that it may

Exact statement of OCCUPA-

(D. Every item of infor-

63	0	13	6
14	9.5	1	4
27	0	1	1

1. PLACE (				Within Corporation 11mlty Registration Dist. No. 131		
, , , , , , , , , , , , , , , , , , , ,	Frederick City Frederick			17 Conth Nombor		
Village or	City Fr. Guerrek	.2	(If	death occurred in a hospital or institution, give its NAME instead of street and	number)	
Length of re	esidence in city or town where d	leath occurred	yrsmos	ds. How long In U.S. if of foreign birth?yrsm	osds.	
2. FULL N	AME James Leo	McKenz	ie	If U. S. Veteran, specify WAR		
(a) Reside	ence: No. 41 Sout	h Marke	t	St., Ward.		
		(Usual place		If nonresident give city or town and	I State	
	NAL AND STATIST			MEDICAL CERTIFICATE OF DEATH		
3. SEX	4. COLOR OR RACE	5. SINGLE, MARI OR DIVORCED	RIED, WIDOWED,  (write the word)	21. DATE OF DEATH	102 7	
Male	White	Marri	ed	(Month) (Day)	(Year)	
5a. If married, wide HUSBAND of				22. I HEREBY CERTIFY. That J attended	deceased from	
(or) WIFE of	Clara Lo	uise Mck	Cenzie	Feb ( 19 37 to Sept 7	19 3	
C DATE OF BIRTI	II (month day and year). The	1- 90	7076	3 4 - 7 2 2 2	: deeth is sald	
	H (month, day, and year) Ma 'ears Months	rch 26,	1876	to have occurred on the date stated above, at 12.30 m.	2,000111100010	
			1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance		
61	1 5	1 12	ormin.	were as follows:	Oate of onset	
Kind of	fession, or particular f work done, as SPINNER, ER, BOOKKEEPER, etc	Labore	79	Chr myocascutin	2.000	
9. Industry of	r business in which		<b></b>	- John Marchan	7	
SAW M	was done, es SILK MILL, MILL, BANK, etc					
O this oc	ased last worked at cupation (month and July	11. Total ti sper occu	me (years) It in this 38 petion			
year).	***			Other Contributory Causes of importance:		
12. BIRTHPLACE (		rick, Co	unty			
(State or co				acute Decompensation	80 roun	
III   20. HINNE	James E. McK	enzie				
	CE (city or town) Frede		unty	Name of operation Date of		
(State	or country) Maryla	and		What test confirmed diagnosis? Wes there an	autopsy?	
15. MAIOEN N	THETESS	R. Fire	estone	23. If death was due to external causes (VIDLENCE) fill in also the followin	g:	
5 16. BIRTHPLA	CE (city or town) Fred	erick C	ounty	Accident, suicide, or homicide? Dale of Injury	, 19	
Œ (Stele		yland		Where did Injury occur?		
17. INFORMANT (Address)	iss Bertha J Frederick,			(Specify city or town, county and Sta Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PI	ACE,	
	ATION, OR REMOVAL	Tary Lar	K.I.	Menner of injury		
PlaceSt	. John's Ceme	Dete Sept	. 10,19.37	Nature of injury		
	C. E. CLINE				TAA	
			3	24. Was disease or injury in any wey related to occupation of deceased?	0	
(Address)	Frederick	Varylan	1	If so, specify The design of Lolly	ness	
20. FILEO. 7 B	19 WALL	Coul	4	(Signed) / Authorize med	М. О.	
	1	-	Registrar.	(Address) Frederick met		

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:	1 2	
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR FURTHER	STATEMENTS	$\mathbf{BY}$	PHYSICIAN
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CAU TION V. S. No. 1

19. UNDERTAKER

(Address)

1. PLACE OF DEA				93-0	120
County Fred				Registration Dist.	No. 139
Village or City1	lear Sa	billasvi	lle	NO death occurred in a hospital or institution, give its NAME inst	ead of street and number)
Length of rasidanca in c	ty or town where	death occurred 4	yrsmos	ds. How long In U.S. if of foreign birth?	_yrsd
2. FULL NAME.	_ewis	Putman 1	Mc Kissi	Ck If U. S. Veteran, specify WAR	<u> </u>
(a) Residence: No	Sabil	lasville	. (Outs	id et) Ward.  If nonresident give	city or town and State
PERSONAL AN				MEDICAL CERTIFICATE OF	
Male W	R OR RACE	5. SINGLE, MARE OR DIVORCED Widow	(write the word)	21. DATE OF DEATH September 8th	2. •, t937 (Day) (Year)
5a. If married, widowed, or dividual HUSBAND of (or) WIFE of		lark		January 1936 to Sep	t. 8 ,1937
6. DATE OF BIRTH (month, da	y, and yaar)	Feb. 3rd	. I865		8, 19 3.7; deeth Is sai
7. AGE Yaars 72	Months	Days 5	if LESS than t day,hrs.	to have occurred on the dete stated above, et	
_   Trade, profession, or p	actionlas	)	ormin.	were as follows: apoplexy	Beto gone
kind of work done SAWYER, BOOKKE	as SPINNER, PER, etc.	Laborer			
kind of work done SAWYER, BOOKKE  9. Industry or business i work was done, as SAW MILL, BANK,	SILK MILL.	Day Labo	rer		
SAW MILL, BANK,  10. Date deceased last wo this occupation (mo	516	W		Chronie myocarditis. Cuto.	
year)	nth and DOP	Occu	pation	Ouration & ton years.  Other Contributory Causes of importance:	
12. BtRTHPLACE (city or town) (State or country)	Eyler		Mď	Hypertendive myocardi	tis
13. NAME Willia	m Mc	Kissick			
14. BIRTHPLACE (city or town) Lylers Valley (State or country)				Name of operation None What test confirmed diagnosis? Clinical	Date of No.
15. MAIDEN NAME E	iza F	lohr.		23. If death was due to external causes (VIOLENCE) fill in	also the following:
16. BIRTHPLACE (city or town) Eylers Valley (State or country) Md			Md	Accident, sulcide, or homicide?	
t7. INFORMANT M TS (Address)		McClain		(Specify city or town Specify whether Injury occurred in INDUSTRY, in HOME,	or in PUBLIC PLACE.
ts. BURIAL, CREMATION, OR	REMOVAL		t. IO, 1937	Manner of injury	************

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting O.S. No. 1.

Registrar.

If so, spacify (Signad)

24. Wes disease or injury in any way related to occupation of deceased?

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis = 1931	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BURGAU V			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate.

PHYSICIANS should state SaD. Every item of infor-

Exact statement of OCCUPA.

-WRITE PLA

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	CERTIFICATE OF DEATH 9925
1. PLACE OF DEATH  County Trederick  Village or Sity Montenue	No. Comergency Hospital Ward
(If Langth of residence in eity or town where death occurredyrsmos.	death occurred in a hospital or institution, give its NAME instead of street and number)*  ds. How long in U.S. If of foreign birth?
(a) Residence: No. 22 Wisner (	St., Ward.  If u. S. Veteran, specify WAR.  St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the world)	21. DATE OF DEATH  (Month)  (Oay)  (Yéar)
5a. If married, widowad, or divorced HUSBAND of (or) WIFE of	22. HEREBY CERTIFY That I attended deceased from 1937, to Sept 10., 1932.
6. DATE OF BIRTH (month, day, and year) Sept 10 1937.  7. AGE Years Months Oeys If LESS than f day,	I last sew h
8 Trade profession or nationles	The PRINCIPAL CAUSE OF DEATH and related causes of Importanca were es follows:  Data of one et
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc  10. Date daceased last worked at this occupation (month and	fre materia Separation
10. Date dacassad last worked at this occupation (month end year)	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) Arederick (0. (State or country) Maryland	One Calibraty Cases of Importance.
13. NAME Crustin to the grave of the ft. BIRTHPLACE (city or town) Teller Co. Kild,	Neme of operation Dete of
15. MAIOEN NAME (Toberca Carbungle.  16. BIRTHPLACE (city or town) Tudence (State or country)	23. If death was due to externel causes (VIOLENCE) fill In also the following:  Accident, suicide, or homicide?
17. INFORMANT Mias apple by gar Montesque (Address) Lage derick Mandand	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL, Color. Place Hassamy Hall Data 7/19 1937	Mannar of Injury
19. UNDERTAKER & E. C. Clim Hong (Addrass) Fresh ned	24. Was disease or injury in any way ralated to occupation of dacaased?
20, FILEO 11 - Sept, 1987 Ina J. M Sundy Register.	(Signed) BO Horse M. D.  (Addrass) Frankland Unit
** ** ** ** ** ** ** ** ** ** ** ** **	

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11.—The number of years the deceased followed the occupation.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage 007 5 1937	July 5,1927	Peritonitis	3 days ago
LEATI V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
•	1.,		

# UNFADING INK-THIS IS A PERMANENT R stated EXACTLY. FOR BINDING ARGIN RESERVED AGE should be mation should be carefully supplied.

B.-WRITE PLA

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should state

STATE OF MARYLAND-CERTIFICATE OF DEATH

County Frederick		Registration Dist. No. 13/	
Village or City Frederick	City Hospited	No. Frederick Pity Hospital	
Length of residence in city or town where	death occurred Vrs	(If death occurred in a hospital or institution, give its NAME instead of street and numb mos	
10	0		
2. FULL NAME Donald	a. Overholtzer.	Tomald If U. S. Veteran, specify WAR Upul	7
(a) Residence: No. 2 mm	(Usual place (Nabode)	St., Ward. St., If nonresident give city or told and State	d.
PERSONAL AND STATIST		MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWE	21 DATE OF DEATH O	
M	OR DIVORCED (write the work	1 193	-
5e. If married, widowed, or divorced	Single	(Month) (Day)	(Year
HUSBAND of (or) WIFE of		22.   HEREBY CERTIFY, That I attended deces	sed
		Cept 2/ 19.27, 10 Sept. 25	19_
6. DATE OF BIRTH (month, day, and year)	21 v 21 1917	I last saw h as alive on Sept 25 , 1927; der	oth is
7. AGE Years Months	Days If LESS th		
20 2	4 1 dey,min,	war as follows:	
2   8   Irede, profession, or perticular		Oat Oat	te of o
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	Laborer	- Broncho - neumona &	1
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc			
work was done, as SILK MILL, SAW MILL, BANK, etc.			
tins occupation (month and	11. Total time (years) spent in this		
yeer)	occupation	Other Contributory Causes of Importance:	
12. BIRTHPLACE (city or town) - Freder (State or country)	tek County		
# 13. NAME Melvin F. Ove	rholtzer		
4 14. BIRTHPLACE (city or town) Fre-d	erick County	Neme of operation Dete of	
(State of country)		What test confirmed diagnosis? Class Cal Was there an autop	sy?
15. MAIDEN NAME Mary M.	Keckler	23. If death wes due to external causes (VIOL ENCE) fill in also the following:	
16. BIRTHPLACE (city or town)	Pa.	Accident, sulcide, or homicide? Date of injury,	19
X (State or country)		Where did injury occur?	
17. INFORMANT Melvin F.Ov	erboltzer	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.	
(Address) Emmitsbu			
18. BURIAL, CREMATION, OR REMOVAD		Manner of injury	
Mt Sceliew Emmitsbur	8 Date Dept . 28 , 19	Nature of injury	
19. UNDERTAKER C.O. FUSS &	SON	24. Was disease or injury in eny way related to occupation of deceased?	4
(Address) Tane vto		If so, specify	
970.+ - 0	a & III= Cud	(Signed) a. auti Ceare	
		, , , , ,	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
BUREAU V. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

MARGIN RESERVED FOR BINDING

TION is very important.

1 BLACE OF STATE	CERTIFICATE OF BEATTI	- 0
County Frederick	Positivation Dist. No. 1/4/	
	Registration Dist. No. 14	
Village or City Summe	No. St., V death occurred in a hospital or institution, give its NAME instead of street and number)	Ward
1/	ds. How long in U.S. if of foreign birth?yrsmos	ds.
2. FULL NAME Games & Peer	If U.S. Veteran specify WAR	
(a) Residence No. 405- E. a St	St. Ward.	
(Usual place of abode)	If nonresident give city or town and State	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH SELDT: 13 7 (Morth) (Day) (Year	ır)
5a. If married, widowad, or divorced HUSBAND of (or) WIFE of Parmie Faulknell	22.   HEREBY CERTIFY, That I attended deceased	from
6. DATE OF BIRTH (month, day, and year) May 10, 1882	1 last saw h1/1 aliva on 5 12 , 1937; death is	s said
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at	
ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	oneet
Trade, profession, or particular kind of work dona, as SPINNER BYO. R. SAWYER, BDDKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, Experiment SAW MILL, BANK, etc.  10. Data december of the second sign (worked at this second sign (worked at spent ling)).		
9. Andustry or business in which work was done, as SILK MILL, Engineer SAW MILL, BANK, etc.	@ Mital Strulder seguence 8-2	0-37
SAW MILL, BANK, etc.	(B) Oruse Mysel Ditis 1 9-6	-37
year) Sefe 5,1.7.9 occupation	Dthar Contributory Causes of Importance:	
12. BIRTHPLACE (city or town) (State or country)	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	
	Joseph Marin	
13. NAME (	14.04 8	
4 14. BIRTHPLACE (city or town) / // (State or country)	Name of operation.	И
	What test confirmed diagnosis come analyses Was there an autobsy?	190.
15. MAIDEN NAME Soulla Rudy 16. BIRTHPLACE (city or town) W. V. a.	23. If death was due to external causes (VIOLENCE) fill in also tha following:	
O 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide?	
	Where did injury occur? (Specify city or town, county and State)	
17. INFORMANT 6 vva May Pen	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
(Address)  18. BURIAL, CREMATION, OR REMOVAL  0	Manner of injury	
Hedgenile W. Va. Oate Sept. 15, 1937	Nature of injury	
19. UNDERTAKER C. H. Feete + Sony	24. Was disease or injury in any way related to occupation of deceased? MA	
19. UNDERTAKER (Address) Brusser & Mod,	If so, specify	
	(Signed) W. ANDLUCK (D) VATURE	M. D
20. FILED SING 14, 19.37 Mine N. S. H. CASAS.	(Address) Brunswick md -	
If more blanks are needed, address Skake Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	

V. S. No. 1

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Example I			Example II	
The principal cause of of importance were as	f death and related causes follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	BECEIVED	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephr	rilis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	OCT 2 1937	July 5, 1927	Peritonitis	3 days ago
	BUREAU V. S			
Other contributory ca	uses of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

1. PLACE OF DEATH	MARILAND	
County Frederick	marulas	and Outside registration Dist. No. 13/
Village or City Manteur	ee (II	No. Mose Marcy Hospital Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death	occurredyrs,mos	ds. How long in U.S. if of foreign birth?yrsmosds
2. FULL NAME Marry	signistris of	Timesker U. S. Veteran, specify WAR 10
(a) Residence: No. 12 15 Cash	(Usual place of abode)	St., Ward. Ward IV A
PERSONAL AND STATISTICA	L PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	INGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH  (Month) (Day) (Year)
5a. If marriad, widowed, or divorced HUSBAND of (or) WHEE of	· OPhinicker	22 I HEREBY CERTIFY, That t attandad deceased fro
A	( 1 1671	July 12 ,1937, to Sept 10 ,193
6. DATE OF BIRTH (month, day, and year) 7. AGE Years   Months	n 6th /8/1	Mast saw N-1-721 alive on 1997; death is sai
7. AGE Years Months	Days If LESS than I day,hrs.	to have occurred on the date stated above, at
- 8. Trade, profassion, or particular	4   ormin.	wera as follows:
kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc.	atour	arcus made of the lung, ower.
kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and		left lung, lune ) ?
10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation	Lotte Redneya Duration; eight monthle.
12. BIRTHPLACE (city or town) reall( (State or country) and	rick County	Other Contributory Causes of Importance:
	Orhani kan	
Ŧ .	of succession.	Name of a service
I4. BIRTHPLACE (city or town)	md.	What test confirmed diagnosis? Quality part Was there an autopsy?
15. MAIDEN NAME Elizabeth	Cranmer	23. If death was due to external causes (VIOL ENCE) fill In also the following:
15. MAIDEN NAME Elizabeth 16. BIRTHPLACE (city or town)		Accident, suicide, or homicide? Date of injury, 19
(State or country)  17. INFORMANT Muss Hiles	le brasiel	Where did Injury occur?  (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Mondevere 9	Grederick ml	
18. BURIAL, OREMATION, OR REMOYAL	C. F in ser	Manner of Injury
Place World Casery Da	ate Jept. 12, 1937	Natura of Injury
19. UNDERTAKER 6.M.//	Talty md.	24. Was disaase or Injury In any way ralated to occupation of deceased? Z
20. FILED 11 Sept , 1987 Ina	Mª Gurdy Registra.	(Signed) Dollar M.  (Address) Index Dud
If more blank		2411 N. Charles Street, Baltimore, Requesting U. S. No. 2.

V. S. No. 1

B.—WRITE PLA

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis   R = 2	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis 5 1931	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUDEAU			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

### STATE OF MARYLAND—CERTIFICATE OF DEATH

Length of residence in city or town whare death occurred 30 yrs mo  2. FULL NAME Mrs. Susan Alice Riggs,  (a) Residence: No. Near Frederick and R. 10				yrsmos	death occurred in a hospitator institution, give its NAME instead of street and numled.  ds. How long in U.S. If of foreign birth?	d
-			(Usual place		If nonresident give city or town and Stat	е
3.		or or RACE	5. SINGLE, MAR	RIED, WIDOWED.  O (write the word)	21. DATE OF DEATH  Sept. 17th., 19	3 7
5a.	if marriad, widowed, or div H <del>039AN8 of</del> (or) WIFE of Edi	ward B.			22. I HEREBY CERTIFY, That i attended dace	193
-	AGE Years	Months	Aug. 14,	1860  If LESS than 1 day,hrs. ormin.	i last saw h er aliva on 7, 19.3.7; de to have occurred on the date stated above, at 3.0.30 Å m.  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	eath Is sa
OCCUPATION	8. Trade, profession, or kind of work done SAWYER, BOOKKE 9. Industry or business work was done, as SAW MILL, BANK, 10. Date deceased last withis occupation (myear)	in which SILK MILL, etc  priced at onth and 9/1	I Occu	ma (years) 50 pation	Other Contributory Causes of importance:	? - /
12. E	2. BIRTHPLACE (city or town (State or country)  13. NAME Jacob		amu		Hazenlan Duran	
FATHE	14. BIRTHPLACE (city or t	Camm	any		Name of operation	7
(State or country)  15. MAIDEN NAME Phoebe Crumbaugh  16. BIRTHPLACE (city or town) Maryland (State or country)					What test confirmed diagnosis?	
17. INFORMANT Mrs. Richard S. Hargett (Address) Frederick, Md.				gett	(Specify city or town, county and State) Specify whather injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
	18. BURIAL, CREMATION, OR REMOVAL Frederick Place Mt. Ojivet Cem. Date Sept. 19, 19  19. UNDERTAKER M. R. Etchison & Son (Address) Frederick, Md.  20. FILED 18 - Sept. 1937 Day McCaudy			. 19, <sub>19</sub> 37	Manner of Injury	
18.				n	24. Was disease or injury in any way related to occupation of deceased?	2 .

PHYSICIANS should state D. Every item of infor-

UNFADING INK-THIS IS A PERMANENT R

ARGIN RESERVED FOR BINDING

AGE should be stated EXACTLY.

mation should be carefully supplied.

-WRITE PLA

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10.—The month and year the deceased last worked at the occupation.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

	Example I	1	Example II	
The principal cause of importance were of Arteriosclerosis	of death and related causes as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset  1 week ago
Chronic interstitial neg	hritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	OCT 5 1937	July 5,1927	Peritonitis	3 days ago
	BUREAU V. S.			
Other contributory	causes of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSIC	ADDITIONAL	SPACE FOI	FURTHER	STATEMENTS	BY	PHYSICIAN
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-WRITE PLAINLY, WATH UNTADING MALE Should be stated EXACTLY. PHYSICIANS should state mation should be carefully supplied. AGE should be stated EXACTLY. Exact statement of OCCUPA. PHYSICIANS should state item of infor-ADING INK-THIS IS A PERMANENT RECO See instructions on back of certificate. TION is very important. B.-WRITE PLAINLY,

GIN RESERVED FOR BINDING

V. S. No. 1

STATE OF MARYLAND—CERTIFICATE OF D	STATE	OF	MARYL	AND-	CERTIFI	CATE	OF	DEATH
------------------------------------	-------	----	-------	------	---------	------	----	-------

1. PLACE OF DEATH	Win.	LAND	OEKTI TOXTE	OI DEATH	
County Frederick	ן מוחוח ו	Qrm		Registration Dist. No.	31
Village or City Frederi	ck	poration time	No. 812 E. Pa	Registration Dist. No. 1  trick St.,  ution, give its NAME instead of street and of foreign birth? yrs.	Ward
Length of residence in city or town where	e death occurred	yrs,3mo	s13ds. How long in U.S. If	of foreign birth?yrs	mosds.
2. FULL NAME Kenneth	Lee Rine	hart	If U. S. Veteran,	specify WAR None	
(a) Residence: No. 812 E	Patrick (Usual place of		St.,Ward.	If nonresident give city or town ar	nd State
PERSONAL AND STATIS	TICAL PARTIC	CULARS	MEDICAL C	ERTIFICATE OF DEATH	
Male 4. color or race	5. SINGLE, MART OR DIVORCED Singl	(write the word)	21. DATE OF DEATH	September 28th,	
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	to State many many firms		22 HEREBY	Y CERTIFY, That Lattende	
6. DATE OF BIRTH (month, day, and year)	Tune 15,	1937	l iast saw h 1 m allve on	, 19	; death is sald
7. AGE Years Months	Days	If LESS than	to have occurred on the date state	ed above, at 7:50Pm.	
3	13	1 day,hrs.	The PRINCIPAL CAUSE OF DEA	TH and related causes of Importance	Date of onset
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc			Mahmit	relief : due to Pott	
SAW MILL, BANK, etc	11. Total ti	me (years) It In this pation	premativity Ed.	tomouths	R END
(State or country)		Land	Other Contributory Causes of Imp	ortance:	4
13. NAME Vilbert H. R	linehart				
13. NAME Wilbert H. R  14. BIRTHPLACE (city or town) (State or country)	Maryland			Date of	LA
15. MAIDEN NAME Mamie Ke	mp			uses (ViOLENCE) fill In also the followi	
0 16. BIRTHPLACE (city or town)	[arvland			Date of Injury	•
17. INFORMANT P. W. H. Ri (Address) Frederick,		d.		(Specify city or town, county and SI In INDUSTRY, In HOME, or in PUBLIC F	tate) PLACE.
18. BURIAL, CREMATION, OR REMOVAL NO Place Frederick, No.	. Oliyet	Cem.	Manner of Injury		
19. UNDERTAKER M. R. Etch (Address) Frederick,	ison & S Marylan		24. Was disease or injury in any of the so, specify	way related to occupation of deceased?	No
20. FILED 29- Sept , 1937 In	a f. m=	may Registrar.	(Signed) Fred	derick, Maryland	M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	li li	Example II	
The principal cause of death and related causes of importance were as follows:  Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of enset  1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
PUDEAU V.S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		0	

TARGIN RESERVED FOR DINDING	-WRITE PLANCY, WITH UNFADING INK-THIS IS A PERMANENT	mation should be carefully supplied. AGE should be stated EXACTLY
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TIN REW	IDING II	d. AGE
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TION is very important. See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may

V. S. No. 1

ord. Every item of infor-PHYSICIANS should state Exact statement of OCCUPA-

	ST	TATE OF	MAR	YLAND-	CERTIFICATE	OF DEA	TH	9933
	1. PLACE OF DEAT	Н		The same of the sa	(PT)			
	County Frede	rick		<sup>7</sup> G.	(95-8)	Registration	Dist. No. 13	1
	Village or City F	rederick		200	No. 106 East		St	Ward
	Length of residence in city	, or town where doe	h		death occurred in a hospital or institut			
				4				1105us.
	2. FULL NAME Ch			obinson	If U. S. Veteran,	specify WAR	None	
	(a) Residence: No	106 Hast	(Usual place	of abode)	St., Ward.	If nonresident	give city or town an	d State
proble	PERSONAL AND	STATISTIC			MEDICAL C	ERTIFICATE	OF DEATH	
3.			. SINGLE, MAR	RIED, WIDOWED,	21. DATE OF DEATH		11	
1.	Male Co	lored	OR DIVORCE	O (write the word)	Sente	ember (Month)	13th,	., 193 7 (Yeer)
_	a. If married, widowad, or divorce			-10 10 100				
	HUSBAND of (or) WHEE OF Ida	J. Monr	oe			CERTIF	Y. That I secure	Leceased from
		IInl	nown		l last saw h im Palive on	0 1 7	3th. 19 3	7. don't la sold
_	DATE OF BIRTH (month, day, AGE Yaers	Months	Days	If LESS then	to have occurred on the date state			
	46?			1 day,hrs.	Tha PRINCIPAL CAUSE OF DEAT			/
_	R Treda profession or par	rticular		ormin.	ware as follows:			Date of onset
OCCUPATION	8. Treda, profassion, or par kind of work done, a SAWYER, BOOKKEEP	s SPINNER, ER, etc	Labore	r	apulo C	Andree	Delntati	Vn 91
PAT	Industry or businass in work wes done, as SI SAW MILL, BANK, at				No further inform	mation C	we B	13
000	SAW MILL, BANK, at		1 11 7-4-14		man land dead.	Coronera		74
ö	10. Date deceased last work this occupetion (mont year)	th end 9 /37	spai	me (yaars) nt in this 5 upation	No outopay.		0	
_	year)		0001	ipadon	Other Contributory Causes of impo	ortance:		
12	<ol><li>BIRTHPLACE (city or town)</li><li>(State or country)</li></ol>	Nonari	and		Att			
œ	1				- Williams			
FATHER	13. NAME OHAT LE		binson					
FA	14. BIRTHPLACE (city or tow (State or country)	n)(ny	land		Name of operation Whet test confirmed diagnosis?	Cata	Date of	W.
2		ura Thom	nson					autopsy?
MOTHER	13. MANUEL MANUE		INDOIL		23. If death was due to external ceu  Accidant, suicide, or homicida?			
W W	16. BIRTHPLACE (city or tow (Stete or country)	Maryla	nd		Where dld injury occur?		Date of Injury	, 19
	7. INFORMANT MPS.	I. J. Ro	binson		Specify whether injury occurred in	(Specify city or n INDUSTRY In HO	town, county and St	ate)
1/	(Address) Frede		ryland				, , , , , , , , , , , , , , , , , , , ,	
18	8. BURIAL, CREMATION, OR RE	MOVAL Fair	view C	emetery,	Menner of Injury			
	Place Frederic	ck, Ild.	Date9	/15, 19 3	Nature of Injury		,	
10	9. UNDERTAKER M. R	. Etchis	on & S	on	24. Was disaase or injury in eny w	vey releted to occup	pation of deceesed?	No
	v. v 110 bit 1 111 bit pq		arylan		If so, specify	2		
21	O. FILED S-Sela 1	37 17	mo.	.4	(Signad) 60, U	· / Worl	Mel.	
		0//		Registrar.	(Addrass) Fired	lerick,	Maryland	

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The state of the s	11	- 1037		
	1	001 2 70		
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
		Li-		
	100	1 0		

ADDITIONAL SPACE FOR	1	IER	STATEMENTS	BY	PHYSICIAN

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1. PLACE OF DEATH				
County Frederick,		Registration Dist. No. 139	9	
Village or City State Sanatori  Langth of rasidanca In city or town whera daath occurred 3	(If	NoSt.,  death occurred in a hospital or institution, give its NAME instead of street and no	Ward	
		If U. S. Veteran, specify WAR		
		St., Ward. Baltimore, Maryla	nd .	
PERSONAL AND STATISTICAL PARTICL	JLARS	MEDICAL CERTIFICATE OF DEATH		
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIE OR DIVORCED (C. Married)	write the word)	21. DATE OF DEATH  Sept 16. (Month) (Day)	193	
5a. If marriad, widowed, or divorced HUSBAND of (or) WIFE of Mary Schneide	er	22. I HEREBY CERTIFY, Thet i attended d. July 24 ,19 34, to Sept 1	619.37	
	If LESS than 1 dey,hrs. ormin.	i last saw h im alive on Sept 16 , 1937; to have occurred on the data stated above, at 11.00A.M.  The PRINCIPAL CAUSE OF DEATH and raiated causes of importance were as follows:	daeth is said	
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc	(yaars) n this 40Yrs	Pulmonary Tuberculosis Other Coutributery Causes of importance:	May 1934	
12. BIRTHPLACE (city or town)  (State or country)  Maryland  13. NAME  Andrew Schneider				
14. BIRTHPLACE (city or town)		Neme of operation Done Pos Sputum What test confirmed diegnosisthest X-Ray Was there an au	dopsy?_no	
	? y Jr.	23. If deeth wes due to externel ceuses (VIOLENCE) fill in also the following:  Accident, suicide, or homicide?  Where did injury occur?  (Specify city or town, county and State)  Spacify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE	, 19	
(Addrass) Baltimore, Md.  18. BURIAL, CREMATION, OR REMOVAL  Plece Balto, Md. Date Unknown	Own , 19	Menner of injury		
19. UNDERTAKER M. L. Creager (Address) Thurmon Md.	Registrar.	24. Was diseesa or injury In eny wey reletad to occupation of daceased? If so, specify from the Shaffe (Signad) Lewart S. Shaffe (Address) La & Sana for were		

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Other contributory causes of importance:	a Europe.	Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

AGE should be stated EXACTLY.

properly classified.

TION is very important. See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may

mation should be carefully supplied.

PHYSICIANS should state CORD. Every item of infor-

Exact statement of OCCUPA-

STATE OF MARYLAND—	CERTIFICATE OF DEATH 9933
1. PLACE OF DEATH	3)
County Frederick	Within Corporation Registration Dist. No. 13/
Village or City Frederich	in attack to the total
(If	death occurred in a horpital or institution, give its NAME instead of street and number)
	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Belant Similar	If U. S. Veteran, specify WAR
(a) Residence: No.	St., Ward. Jasonswelle hal.
(Usuai place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
5a. If married, widowed, or divorced	(Month) (Day) (Year)
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY That I ttended deceased from
Set 12 1027	X Y / B and 1907
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days 10 155S than	l last saw h; death is said
1 day Q bre	to have occurred on the date stated abovo, at He in the PRINCIPAL CAUSE OF DEATH and related causes of importance
0 0 ormin.	were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc.	Alan Suite Suite
SAWYER, BOOKKEEPER, etc	11/10/190000
work was done, as SILK MILL, SAW MILL, BANK, etc.	7001000
10. Date deceased last worked et this occupation (month and spent in this	1 minum
year) occupation occupation	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town)	
(State or country) May land	A
13. NAME	
14. BIRTHPLACE (city or town)	Name of operation Date of
(State of country)	What test confirmed diagnosis? Wes there an autopsy?
15. MAIDEN NAME Stage P Straggingles  16. BIRTHPLACE (city or town) Tee Carriers  (State or country)	23. If death was due to external causes (VIOLENCE) fill in elso the following:
5 16. BIRTHPLACE (city or town) Teederial Co.	Accident, sulcide, or homicide? Date of injury
(State or country) Man fand	Where did Injury occur?
ny FS / 14	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
17. INFORMANT (Address) 21 aurello M.C.	aposity minutes injury occurred in the botter, in nome, of the bellet fence.
18. BURIAL, CREMATION, OF REMOVAL, Inedericle and	Manner of injury
Place my Oliver Cly Date Sept 27, 1937	Nature of injury
19. UNDERTAKER Harry & Carty Co	24. Was disease or injury in any wey related to occupation of deceased?
(Addross) Tublewife, And	If so, specify
20. FILED 27 Sept 1937 Irax We Sundy	(Signed)

Registrar.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimorg, Requesting U. S. No. 1.

(Address)

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage 13UREAU 1.	July 5, 1927	Perilonilis	3 days ago	
· ·				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

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MARGIN RESERVED FOR BINDING

PHYSICIANS should state of OCCUPA-Exact statement properly classified. TION is very important. See instructions on back of certificate. CAUSE OF DEATH in plain terms, so that it may be

STATE OF MARYLAND-CERTIFICATE OF DEATH

()	6	17	. 1
J	J	3	4

County Frederick  Village or City Frederick  Length of residence in city or town where death occurred 64 yrs. 1 mos.  2. FULL NAME Charles W. Speaks  (a) Residence: No. 8 West Fourth	Registration Dist. No. / 3 /  No. 8 Vest Fourth St., Ward death occurred in a horpital or institution, give its NAME instead of street and number)  2. ds. How long in U.S. if of foreign birth? yrs. mos. ds.  If U.S. Veteran, specify WAR None  St., Ward.  If nonresident give city or town and State
Length of residence in city or town where death occurred 64 yrs. 1 mos.	death occurred in a horpital or institution, give its NAME instead of street and number)  ds. How long in U.S. If of foreign birth?
2. FULL NAME Charles W. Speaks	If U. S. Veteran, specify WAR None St., Ward.  If nonresident give city or town and State
	St., Ward.  If nonresident give city or town and State
(a) Residence: No. (Usual place of abode)	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX  Male  4. COLOR OR RACE  No Bivorced (write the word)  Married	21. DATE OF DEATH Sept. 23, 193. 7. (Month) (Day) (Véar)
5a. If marriad, widowed, or divorced HUSBAND of (or) WHE of Dolly V. M. Speaks	22. I HEREBY CERTIFY, That I attended deceased from 1933, to 241 23, 1937
6. DATE OF BIRTH (month, day, and year) August 27, 1873	I last saw h alive on
7. AGE Years Months Days If LESS than 1 day,hrs. ormin.	to have occurred on the data stated above, at The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
kind of work dona, as SPINNER, Chauffeur SAWYER, BOOKKEEPER, etc. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Data decaasad last workad at this occupation (month and yaar)  12. BIRTHPLACE (city or town) (State or country)  Maryland	Chrosic of phritis  Other Contributory Causes of importance:
13. NAME George N. Speaks  14. BIRTHPLACE (city or town) Creagerstown (State or country) Naryland	Name of operation Date of What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Mary Elizabeth Sweeney	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Mary Elizabeth Sweeney  16. BIRTHPLACE (city or town) Catoctin (State or country) Maryland	Accident, suicide, or homicide?
17. INFORMANT Mrs. Charles W. Speaks (Address) Frederick Maryland	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL 701 Olio Comp. Place Frederick, Md. Date & Sept., 19.37.	Manner of injury
19. UNDERTAKER C. E. CLINE & SON  (Address) Frederick Maryland  20. FILES K-Seft , 127 Meets  Registrar.	24. Was disaase or injury in any way related to occupation of deceased? 200  If so, specify  (Signed)  (Address)  M. D

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Date of onset	The principal cause of death and related causes	Data of anest
	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
May 1,1923		1 year
	1921 July 5,1927	1915 Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis  Other contributory causes of importance:

RESERVED ARGIN

OCCUPA. 1. PLACE OF DEAT plnods Registration Dist. No \_\_\_\_Ward Jo (If death occurred in a hospital or institution, give its NAME instead of street and number) PHYSICIANS How long in U.S. Af of foreign birth? \_\_\_\_\_\_\_yrs. \_\_\_\_\_mos.\_\_\_\_\_ds. Length of rasidanca in city or town whera death occurred Z.\_ds. statement 2. FULL NAME If U. S. Veteran, specify WAR (a) Residence: No. (Usual place of abode) nonresident give city or town and State Exact PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED. 21. DATE OF DEATH OR DIVORCED (write tha word) (Month) (Da(V) (Yaar) 5a. If married, widowed, or divorced 22. EBY CERTIFY. That I attended deceased from (or) WIFE of C M 6. DATE OF BIRTH (month, day, and year) certificate. properly 7. AGE Years Months Days If LESS than to have occurred on the dete stated ebove, et\_\_oc 1 dey,\_\_\_\_hrs. The PRINCIPAL CAUSE OF DEATH and raisted causes of importance or ..... min. Date of onset homicide. Q 8. Trede, profession, or particular OCCUPATION kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc.... may 9. Industry or business in which plnods work was done, as SILK MILL, SAW MILL, BANK, etc..... under investigation. 11. Total tima (yaars) 1D. Date deceesed last worked at this occupation (month and that spent In this 8 occupetion \_\_\_ instructions Other Contributory SO 12. BIRTHPLACE (city or town) (State or country) supplied. terms, FATHER 13. NAME See 14. BIRTHPLACE (city or town) plain (Stata or country) What test confirmed diegnosis?. efully Wes there an autopsy?. MOTHER 15. MAIDEN NAME in 23. If death was due to external causes (VIDLENCE) fill in also the following: Accident, sulcide, or homicide? Kerrisade Date of Injury CAUSE OF DEATH 16. BIRTHPLACE (city or town) (State or country) Where did Injury occur?\_\_ (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE 17. INFORMANT should (Address) 18. BURIAL Menner of Injury mation Nature of injury TION 24. Was disease or injury in any way related to occupation of decessed? 19. UNDERTAKER (Address) If so, specify M Registrar (Addrass) \_\_\_\_\_ If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

STATE OF MARYLAND—CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

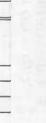
11.—The number of years the deceased followed the occupation.

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Example I	11	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago .	
Chronic interstitial nephritis 5	1921	Run over by street car	1 week ago	
Cerebral hemorrhage   BUREAU V. S.	July 5, 1927	Peritonitis	3 days ago	
Commence of the Commence of th				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	



TION is very important.

	S	TATE O	F MAR	YLAND-	CERTIFICATE OF DEATH	334
1.	PLACE OF DEAT	гн			47-70	
	County Fred	erick			Registration Dist. No. 144	
	Village or CityNe	ar Cre	agerato	wn	No. St., f death occurred in a hospital or institution, give its NAME instead of street and nur	Ward
	Length of residence in cit	ty or town where de	eath occurred_3	Q yrs mos	sds. How long in U.S. if of foreign birth?yrsmos.	nper/
2.	FULL NAME	rank M	ichael	Steaven	B If U. S. Veteran, specify WAR NO	
	(a) Residence: No	Creager	Usual place		St., Ward.  If nonresident give city or town and St	ale
	PERSONAL AN	D STATISTIC	CAL PART	ICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SE		n or race	5. SINGLE, MAR OR DIVORCE	RIED, WIDOWED. D (write the word)	21. DATE OF DEATH September Oth 1937,	193
5a. I	married, widowed, or divol HUSBAND of (or) WIFE of	lsie M.	Gaver		22. HEREBY CERTIFY That I attended de	ceased from
6. D	TE OF BIRTH (month, day	, and year)	July 2	5th. 1867	I last saw how alive on 1987;	death is said
7. AC	E Years	Months	Days	If LESS than	to have occurred on the date stated above, at O. 3 Oard M The PRINCIPAL CAUSE OF DEATH and related causes of importance	
-1	Trade, profession, or pa	rtlcular	4	ormin.	ware as followers	Date of onset
0	SAWYER, BODKKEE	PER, etc	Farmer		Metastreis Sollowing	4-74-21-6
JPA	Industry or business in work was done, as S SAW MILL, BANK, e	which SILK MILL,	Agricul	ture	operation for Rememble	7.0
OCCUPATION	O. Date deceased last wor this occupation (mor year)	ked at	0,	time (years) ent in this 35 upation 35	pricer wares	935
12. E	IRTHPLACE (city or town)	Greage			Other Contributory Causes of Importance:	
	(State or country)			MD		
T		es Stea			4119	
FAT	4. BIRTHPLACE (city or to (State or country)	wn)	Phurmon	t. Md	Name of operation Date of What test confirmed diagnosis Was there an au	opsy?
OTHER	15. MAIDEN NAME	Eliza (	crouse.		23. If death was due to external causes (VIOLENCE) fill in also the following:	
MOT	16. BIRTHPLACE (city or to (State or country)	wn)T	nurmont	• Md	Accident, suicide, or homicide? Date of Injury Where did injury occur?	
17. I	NFORMANT Mrg.	Elsie		avens	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLAC	E.
18. E	URIAL, CREMATION, OR R	REMDVAL			Manner of Injury	
	PlaceUtica	•	Date Sep	t-1219-3	Nature of injury	
19. (	NDERTAKER M T	L. Creathurmont	ger & S	on	24. Was disease or injury In any way related to occupation of deceased?	es)
20. 8	ILED Sept. 10.	1937 am	ra 11/.	Bull	(Signed) Morris al Built	M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Balismore, Requesting U. S. No. 1.

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Example I	i	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis, C. IVEDI	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
OCT 2 1937			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis'	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICL	ADDITIONAL	SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIA
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# PHYSICIANS should state

AMARGIN RESERVED FOR BINDING

V. S. No. 1

-WRITE PLAINLY, WITH UNFADING LINE LILES IN ACTLY. PHYSICIANS should state mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state N. B.-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT INCORD. Every item of infor-CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate.

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	93-6
County Hederick Co.	Registration Dist. Np.
Village or City Year Sabilasville md	ND. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmos.	
2. FULL NAME Lucretia Trancis Ste	2m
(a) Residence: No. Sabilasville Md. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX  4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DLYORCED (write the word)	21. DATE OF DEATH 9 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
Temale While W.	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22.   HEREBY CERTIFY, That I attended deceased from
10. 22 1840	19.5 /, to 2 3 7 19.3 /
6. DATE OF BIRTH (month, day, and yelef) (Mg ) 77  7. AGE Years Months Days If LESS than	I last saw h alive on
8-8 () 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade, profession, or particular	were as follows:
kind of work done, as SPINNER, House Juties	Chrame Musocrast.
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	The state of the s
10. Date deceased last worked at this occupation (month and year) octupation (month and octupation	
12, BIRTHPLACE (city or town) Frederick Co. Md.	Other Coatributory Causes of Importance:
(State or country)	
13. NAME Richard Wagaman	
14. BIRTHPLACE (city or town)	Name of operation Date of
(State or country)	What test confirmed diagnosis? Was there an autopsy
15. MAIDEN NAME Unive Meller	23. If death was due to external causes (VIOLENCE) fill In also the following:
16. BIRTHPLACE (city or town) Mds	Accident, suicide, or homicide?, 19, 19, 19, 19, 19, 19
(State or country)	Where did injury occur? (Specify city or town, county and State)
(Address) Archield Md.	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Sattlasville Md. Date Sept. 5, ,1937	Nature of injury
19. UNDERTAKER Walter 4 Grove	24. Was disease or injury in any way related to occupation of deceased?
(Address) Walnesboro Ja,	If so, specify
20. FILED 14 , 1937 PE 6 Tuelde Registrar.	(Signed M. S.
If more blanks are needed, address State Revistrar.	2411 N Charles Street Baltimore Requesting (1)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	es and a little an	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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# should state Exact statement of OCCUPA. PHYSICIANS stated EXACTLY. UNFADING INK-THIS IS A PERMANENT properly classified. See instructions on back of certificate. pe AGE should be CAUSE OF DEATH in plain terms, so that it may

mation should be carefully supplied.

N. B.—WRITE PLA

TION is very important.

FOR BINDING

IARGIN RESERVED

### STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEATH  County Prederick			Registration Dist. No. 145	
/ Village or City Nr. Harm	ony	(lf	No. Mr . Harmony St.,  death occurred in a hospital or institution, give its NAME instead of street and a  ds. How long in U.S. If of foreign birth? yrs. mo	Ward
2. FULL NAME Harry Be	njamin S	stevens	If U. S. Veteran, specify WAR None	
(a) Residence: No. Nr • Har	mony Fre	d'k Co. 1	dd €t., Ward.	
PERSONAL AND STATIST		of abode)	If nonresident give city or town and MEDICAL CERTIFICATE OF DEATH	State
3. SEX 4. COLOR OR RACE White	5. SINGLE, MAR	RRIED, WIDOWED, D (write the word)	21. DATE OF DEATH September 24th, (Month) (Day)	193_7 (Yeer)
5e. If married, widowed, or divorced HUSBAND of (or) WIFE of Rhoda Brub	aker		22. I HEREBY CERTIFY, Thet I ettended of November, 16., 19.35, to September,	feceesed from
6. DATE OF BIRTH (month, day, and yeer) 7. AGE Yeers Months 48  1. 2. Trede, profession, or perticular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	uly 31, Deys 13 Farmer	If LESS than I day,hrs. ormin.	to have occurred on the date stated ebove, et 7:30Rm.  The PRINCIPAL CAUSE OF DEATH end releted causes of Importence were as follows:  Pulmonary Tuberculosis	Date of onset
9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc	O II. Total i	time (years) int in this 25 upation	Other Contributory Causes of importance: Diabetes Mellitus	9
13. NAME George Stev	land ens			
	yland		Neme of operation Date of	
15. MAIDEN NAME Mary Wa 16. BIRTHPLACE (city or town) (State or country)  17. INFORMANT Mrs. H. B. S. (Address) Harmony, Fr	Maryland tevens		23. If death wes due to external causes (VIOLENCE) fill in elso the following Accident, suicide, or homicide? Date of injury Where did Injury occur? (Specify city or town, county and State Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLA	, 19
18. BURIAL, CREMATION, OR REMOVAL Mt. Plece Frederick, Id	Olivet	Cem.,1937	Manner of injury	
19. UNDERTAKER M. R. Etchi (Address) Frederick,	Maryland		24. Wes disease or injury in env wey releted to occupation of deceased?	
20. FILED \$ 161.25, 19.37		Registrar.	(Address) Frederick, Maryland 2411 N. Charles Street, Bothmore, Requesting V. S. No. 1.	

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Example I	- 1	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

STATE OF MARYLAND	-CERTIFICATE OF DEATH 9939
1. PLACE OF DEATH	0 to + 1)
County Trederick Mary	Many O'celor Registration Dist. No. 13]
Villago or City Bronterrue	No. amer gancy Hospital Ward
Length of residence in city or town where death occurredgrs	(If death occurred in a horpital or institution, give its NAME instead of street and number)  mosds. How long in U.S. If of foreign birth?mosds,
2. FULL NAME It illiam Illian	If U. S. Veteran, specify WAR No
(a) Residence: No. Brasilock Ma	st. Ward. Braddock TIA
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX  4. COLOR OR RACE  5. SINGLE, MARRIED, WIDOWED  OR DIVORCED (sweets the word)	21. DATE OF DEATH System 9
male while Single	(Month) (Day) (Yeer)
5e. If merried, widowed, or divorced HUSBAND of (or) WIFE of	22.   I HEREBY CERTIFY, That I attended deceased from
(or) wire of	Sept- 2, 1937, to Sept 9, 1937
6. DATE OF BIRTH (month, dey, end year) Med 1- 1871	I lest saw h alive on Off 1927; death is said
7. AGE Yeers Months Deys If LESS that I day,	
66 6 8 ormin,	The PRINCIPAL CAUSE OF DEATH and releted causes of Importance were as follows:  Date of onset
8. Trade, profession, or perticular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc.	0
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	Coronie Mys Faiditis 1936
Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc.	virous 1790 caranis 1: 40
0. Dete deceased lest worked et 1936 11. Total time (years) spent in this 40	
yeer) occupetion	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town)	
(State or country) mary land,	- Unlerd-Sclerous 1930
13. NAME John Alup  14. BIRTHPLACE (city or town) Trust lo	
14. BIRTHPLACE (city or town)  (Stete or country)	Name of operation
al man and all the	Whet test confirmed diagnosis? Wes there en autopsy?
I	23. if death wes due to externel causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide?
(State or country)	Where did Injury occur?
Chas Stup	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
17. INFORMANT (Address) Braklock ned.	
18. BURIAL, CREMATION, OR REMOVAL 4 red. 17 md.	Manner of injury
Piece Date Date 195	Neture of injury
19. UNDERTAKER C. E. Clinic Hon	24. Wes disease or injury in any way related to occupation of deceased?
(Address) Frederick md.	if so, specify
1	(Signed) M. D
20. FILED 11- Dept., 1937 sha y. U - jundy	(Address) Zudenie 243

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To be complete, an occupation return must state:

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Example I	a de la composición della comp	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis 1 1 [ D ]	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
OCT 5 1937				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR FURTHER STATEMENTS	BY	PHYSICIAN	Ī
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V. S. No. 1 N. B.—

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	War (9)
County Frederick	Registration Dist. No. 13
Villago or City Frederick	No. 347 8. Market St. Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long In U.S. if of foraign birth?yrsmosds.
7. 1. 0	
2. FULL NAME Transf Duman	If U. S. Veteran, specify WAR
(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
male white married	(Month) (Day) (Year)
5a. If married, widowad, or divorcad HUSBAND of	22. I HEREBY CERTIFY. That I attended deceased from
(or) MISS of Naona IV. Haller	22. I HEREBY CERTIFY. That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Feb. 15-1866	I last saw h alive on 1977 daath Is said
7. AGE Yaars Months Days If LESS than	to have occurred on the deta stated above; at 323.0 P.m.
7/	The PRINCIPAL CAUSE OF DEATH and ralatad causas of importance
Trade profession or particular	Bulkar Date of onset
kind of work done, as SPINNER, Reliced Thomason SAWYER, BODKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and spent in this countries)	Averyling -
9. Industry or business in which work was done, as SILK MILL,	1776
SAW MILL, BANK, etc	
this occupation (month and year) occupation 47	· · · · · · · · · · · · · · · · · · ·
107.11	Othar Contributory Causes of importance
12. BIRTHPLACE (city or town)  (State or country)	activities
13. NAME 124 POLICE SELLING	Here the character of t
E T	Tun of the last
(Stata or country)	Name of operation.
	What test confirmed diagnosis? Was there an eutopsy?
E / 1 C/ -0 · 0	23. If death was due to axternal couses (VIOLENCE) fill in also the following:
O 16. BIRTHPLACE (city or town)  (State or country)	Accident, suicide, or homicide? Date of Injury, [9, Where did injury occur?
71. 7. 118	(Specify city or town, county and State)
17. INFORMANT AND Secure (Address)	Specify whether injury occurred in INDUSTRY, In HDME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Met Clement Date 9/18 , 1937	Nature of injury
19. UNDERTAKER Harry E. Cart, Co	24. Wes disease or injury in any way related to occupation of daceased?
(Address) Frederich . Mid.	If so, specify
20. FILED 18- Sept, 1937 Ing & Wi & Crudy	(Signed) A. W. Baev. M. D.
Registrar	(Address) Finderall Ma
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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- Example I	i i	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage BURFAU V. S.	July 5, 1927	Peritonitis	3 days ago	
1.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL	SPACE FO	R FURTHER	STATEMENTS	BY	PHYSICIAN
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MARGIN RESERVED FOR BINDING

6	60	4	7.16
U	J	4	ă.

	OF DEATH			956	101
,	Frederick			Registration Dist.	ND. 131
∀illage or	cityFrederick			No. 130 W. All Saint	St.,Ward
Length of ra	asidenca in city or town whare o	laath occurrad	40 <sub>vrs</sub> mes	deeth occurred in a hospital or institution, give its NAME insti-	ead of street and number)
	AME Mrs. Addi			/-	
	ence: No. 139 W.			St., Ward.	
		(Usual place	of shode)	If nonresident give	city or town and State
PERSO B. SEX	NAL AND STATIST			MEDICAL CERTIFICATE OF	- DEATH
Female	4. COLOR OR RACE	OR DIVORCE	RIED, WIDOWED, D (write the word)	21. DATE OF DEATH Septembe	r 10th 7
	lowad, or divorced	Wildo	164	(Month)	(Day) (Year)
(or) WIFE of		anevhil	7	22. I HEREBY CERTIFY	
			- mla		pt 10 1937
	it (month, day, and yaar)	Inlmown	1		, 1933.7; deeth is sale
AGE L	Years Months	Days	If LESS than 1 day,hrs.	to have occurred on the date stated above, at	
8 Trade no	ofassion, or particular		ormin.	were as follows:	Date of onset
kind o	f work done, as SPINNER, ER, BODKKEEPER, etc	Housewo	rk	Cardiac Disease	193.
9. Hidustry o	or businass in which was done, as SILK MILL, MILL, BANK, etc	At Home		with arterio sel	
	MILL, BANK, etc				
	ecupation (month and 9/3	spe occ	ime (years) nt in this 50 upation		
2 RIPTHPI ACE	(city or town)			Other Contributory Causes of Importance:	
(State or co	ountry) Mar	yland		Hyps tempion	
13. NAME	Wesley Brown	1			
	CE (city or town)			Name of operation	,
(State		vland		What test confirmed diegnosis?	_ Was there an eutopsy?KU
15. MAIDEN I	NAME Jane Butl	er		23. If death was due to extarnal causes (VIDL ENCE) fill in e	
16. BIRTHPLA	ACE (city or town)	rand		Accidant, suicida, or homicide? Date	of injury, 19
irs. Calvin halen,				Where did injury occur?	, county and State)
	Doub, Nd.			Specify whether injury occurred in INDOSTRI, in ROME,	of the Public Place.
18. BURIAL, CREM	rederick.	view Ge	metery	Manner of injury	
Place	.eder.rox, i.d.	Date9/	10, 1907	Nature of injury	
19. UNDERTAKER	M. R. Etchis			24. Wes diseasa or Injury In any wey releted to occupation	of deceesed?
(Addrass)	Frederick, N	laryland	600	If so, specify	e and
20. FILED 1 3	Dept 1937 IL	a y- M	- Judy	(Signed) Frederick, Ma	ryland
		U	Registrar	(Andress)	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis UCI 5 1937	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:	May 1,1923	Other contributory causes of importance:  Gastroenteritis	1 year	

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

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	S	TATE OI	F MARY	LAND-	CERTIFICATE OF DEATH	1942
1	PLACE OF DEAT	гн	-		log -	
	County 9	rede	uch)		Registration Dist. No. 13	
1	Village or City	3 rede	rick	/11	No. The Directies Pety tossel	ward
/	Length of residence in cit	y or town where dea	ith occurred		death occurred in a horpital or institution, give its NAME instead of succe and  ds. How long In U.S. if of foraign birth?yrs	
2	. FULL NAME	Fish.	7	221	10. 2h-	A
	(a) Residence: No.	uts de	Word place of	abode) Total	Ward. Wulssalle W	d State
	PERSONAL AN	D STATISTIC	AL PARTIC	ULARS	MEDICAL CERTIFICATE OF DEATH	
3. S	Male 4. COLO	R OR RACE	OR DIVORCED	ED, WIDOWED,	21. DATE OF DEATH 9 - 11 -	., 1937
5a.	If married, widowed, or divo	rced		P x x	(Month) (Day)	(Year)
	HUSBAND of (or) WIFE of		- ()	LILLENGE II	22. I HEREBY CERTIFY, That I attended	deceased from
		/	-	7 -	9-5-,197,109-11	, 19.3.7
6. D	OATE OF BIRTH (month, day GE Years		ng 2	, 1957	E 13-A	; death is said
1. A	GE Tears	Months 1	Deys	If LESS than  1 day,hrs.	to have occurred on the dete stated above, atm.  The PRINCIPAL CAUSE OF DEATH end related causes of importance	
	0.7-1	/	1	ormin.	were as follows:	Date of onset
NO	8. Trade, profession, or pa	rticular as SPINNER,			12	-0
OCCUPATION	9. Industry or business in work was done, as S	which	200		Torochial Museumouna	7-5-37
ប្ដ	SAW MILL, BANK, e		11. Total time	(vasre)		
0	this occupation (mon	ith and	spanti ocrupa	n this		-
		601	2- >		Other Coutributory Causes of importance:	
12.	BIRTHPLACE (city or town) (State or country)	7	non.			
2	13. NAME		. 1	Para .		
FATHER		mi	1-1007	to man	Name of operation Move Date of	
FA	14. BIRTHPLACE (city or to: (State or country)	nn)	acces	wan,	name of operation	
2	15. MAIDEN NAME	Pierra	Late 3	Fe- 11	What test confirmed diagnosis?	
MOTHER	702	080	DOD TO	Caare	23. If death was due to external causes (VIOL ENCE) fill in also the following	7
Mo	16. BIRTHPLACE (city or to) (State or country)	wn)	migh		Accident, suicide, or homicide? Data of injury  Where did injury occur?	, 19
	E	lia a las	10 26	60 44 1 -	(Specify city or town, county and Sta Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PL	te)
17.	(Address)	mes	4.00	mag	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PL	ACE.
18.	BURIAL, CREMATION, OR B	EMOVAL .	in a	11-	Manner of injury	
1	J Place souls	e Des Com	Stata 7/	12/107	Nature of injury	
10	INDEPTAKED BIT	Do R	200		24. Was disease or injury in any way related to occupation of deceased?	200
19.	(Address)	mye	smil	Co mid	If so, specify	
	11501	27/9	2 69113	(P)	(Signed) Elmer Hark	MD
20. 1	FILED II SEPT., I	9-0-1	- VIL	Registrar.	(Address) Mi & Alitolia	

(Address) Auditalia If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

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The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
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Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
BUREAU V. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

PHYSICIANS should state akD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA.

UNFADING INK-THIS IS A PERMANENT MARGIN RESERVED FOR BINDING

TION is very important. See instructions on back of certificate.

B.—WRITE PL.

STATE OF	MARYI	AND-CERT	CIFICATE	OF	DEATH
SIAIE OF	MAKIL	AND-CEK	ITICALE	OF	DEALL

1. PLACE OF DEATH  County Frederick	Registration Dist, No. 144
Village or City Near Thurmont  (If  Length of residence in city or town where death occurred 25 yrs mos.	NoSt.,Ward death occurred in a horpital or institution, give its NAME instead of street and number)ds. How long in U.S. if of foreign birth?mosds.
2. FULL NAME Martha Ann Toms.  (a) Residence: No. Thurmont (Outside)  (Usualplace of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed  Widowed	21. DATE OF DEATH September 17th. 1937 <sub>93</sub> (Year)
HUSBAND of (or) WIFE of John H. Toms  6. Date of Birth (month, day, and year) Jan. 17th. 1855	22. I HEREBY CERTIFY, That I attended deceased from 19 37, to Sept. 17 1937  Viastisaw hor elive on Sept. 16 1937; death is said
7. AGE Years Months Days if LESS than 1 day,hrs.	to have occurred on the date stated above, at 2; 20A; M.  The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:  Date of onset
kind of work done, as SPINNER, HOUSEWORK SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work wes done, as SILK MILL, Own home SAW MILL, BANK, etc.  10. Date decessed last worked et this occupation (month and ov. 1935 spant in this occupation (month and ov. 1935 occupation 50  12. BIRTHPLACE (city or town) Wolfsville (State or country)	Other Contributory Causes of Importance:  Old age de wilty 9/36
13. NAME Henry Wolfe Wolfsville (State or country)  Md.	Name of operation Date of What test confirmed diagnosis? Was there an au opsy?
15. MAIDEN NAME Catherine Smith  16. BIRTHPLACE (city or town) Wolfsville Md  (State or country)	23. If death was due to external causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide?
Place Date , 19	Specify whether injury occurred in INDUSTRY, in HOME, or in PÜBLIC PLACE.  7 Vanner of Injury
19. UNDERTAKER M. L. Creager & Son. (Address) Thurmont. MD  20. FILED Sept. 18, 1937 Anna M. Jones Registrar.	24. Was disease or injury in any way related to occupation of deceased? 10.0  If so, specify  (Signed)  (Ardress)  (Ardress)

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Example I			Example II		
The principal cause of importance were as	of death and related causes s follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
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Chronic interstitial neph	mitis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	RECEIVED	July 5,1927	Peritonitis	3 days ago	
	OCT 2 1937				
Other contributory ca	auses of importance: REFAU V. S.	May 1,1923	Other contributory causes of importance:  Gastroenteritis	1 year	
			1.		

ADDITIONAL SI	PACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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Ward

...ds.

should state item of infor-

PHYSICIANS CORD. Every

EXACTL

should may ij

supplied. in plain terms,

mation should be carefully

-WRITE

B

Z

DEATH

CAUSE OF

OCCUPA-

Jo

statement

Exact

classified

properly stated

that AGE

STAT	E OF MARYLAND-	-CERTIFICATE OF DEATH 1028
1. PLACE OF DEATH	This	
county Frede	ich COPO	Registration Dist. No. 131
Village or City	teristo "Ton	No. 143 W. all Saint St.
Length of residence in city or too	n where death occurred_3Byrs8_mo	If death occurred in a horpital or institution, give its NAME instead of street and number) s
2. FULL NAME Jahr. (a) Residence: No. 14	3 W. /aco Saint	If U. S. Veteran, specify WAR
	(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND ST	ATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4. COLOR OR R	S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH 26 1937
HUSBAND of Cor) WIFE of Lelia	· Jones	22.   I HEREBY CERTIFY, That I attended deceased
DATE OF BIRTH (month, day, and ye	ar) Zukum	Hast saw hara alive on Sept 26 th 1937; death
AGE Years M	onths Days If LESS than	to have occurred on the date stated above, at/43@_m.

d from 37. is sald certificate I day, ....hrs. The PRINCIPAL CAUSE OF DEATH and related causes of Importance or\_\_\_\_min. were as follows: Date of onset Trade, profession, or particular OCCUPATION kind of work done, as SPINNER, of SAWYER, BOOKKEEPER, etc. back Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc..... on 11. Total time (years) spent in this IO. Date deceased last worked at this occupation (month an occupation \_\_\_\_ 3 See instructions year) \_\_\_\_\_ 12. BIRTHPLACE (city or town (State or country) FATHER 14. BIRTHPLACE (city or town Name of operation. (State or country) What test confirmed diagnosis? MOTHER very important. 15. MAIDEN NAME 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?\_\_\_. 16. BIRTHPLACE (city or town) (State or country) Where did injury occur?. (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE 17. INFORMANT (Address) Manner of injury TION is Nature of injury 24. Was disease or injury in any way related to occupation of deceased? 19. UNDERTAKER (Address) If so, specify (Signed) Registrer. (Address)

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I	7	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis 1027	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:	May 1,1923	Other contributory causes of importance:	1 year
			1 gour

V. S. No. 1

	STATE OF MARYLAND—	CERTIFICATE OF DEATH 9944
	1. PLACE OF DEATH	(10)
	County Firederick Outer	Registration Dist. No 131
	Village or City Variations.	No. Emergency Hogital Ward
	Length of residence in city or town where death occurredyrs,mos	death occurred in a hospital of institution, give its NAME instead of street and number)  ds. How long In U.S. If of foreign birth?
	2. FULL NAME Clarence Richard	Tresslatu S. Veteran, specify WAR
	(a) Residence: No. Enganta burg Mid. R. J.D.	I St. Ward. Engeneta Rury Md Kunt
	(Usual place of abode)	If nonresident give city of them and State
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	1. SEX  4. COLOR OR RACE OR DINORCED (write the word)	21. DATE OF DEATH  (Month)  (Dey)  (Year)
	5e. If married, widowed, or divorced HUSBAND of	22. / AI HEREBY CERTIFY That I attended deceased from
	(or) WIFE of	22. I HEREBY CERTIFY. Thet I attended deceased from
e.	6. DATE OF BIRTH (month, day, end year) Froh 5 1936	I last/saw h serative on sight 2/1, 19.37; death is said
icat	7. AGE Yeers Months Deys If LESS then	to have occurred on the dete steted above, at 10m.
certificate	7 16 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importence were as follows:
	8. Trede, profession, or perticular kind of work done as SPINNER	Date of onset
Jo x	kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.	Septence Sept
back	9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	
on	10. Date deceased lest worked at this occupation (month and spent in this	
instructions	year) occupation occupation	Other Contributory Causes of Importance:
cti	12. BIRTHPLACE (city or town) Aladerica (State or country)	
stru	- // // / / / / / / / / / / / / / / / /	Defletterred syn2
in	I John Garage	( Vary ang land)
See	14. BIRTHPLACE (city or town) Sallament (Stete or country)	Neme of operation
, t.	# 15. MAIDEN NAME Paraire Blacks	2) If deeth was due to external causes (VIOLENCE) fill in also the following:
important.	15. MAIDEN NAME Crigarie Black.  16. BIRTHPLACE (city or town) Satultasselli  (State or country)	Accident, suicide, or homicide?
por	Stete or country)	Where did injury occur?
very im	17. INFORMANT Mins adels beryls Emergency to	(Specify city or town; county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
	18. BURIAL, GREMATION, OR REMOVAL Fortitainfile Perini	Manner of Injury
is is	Piece Wetherdist Quetur Deter John 19, 19	Nature of Injury.
TION	19. UNDERTAKER A Creacy Aland	24. Wes disease or injury in any wey releted to occupation of deceesed?
)	20. FILED 21 - Sept, 1937 Day M- Curdy Registrat.	(Signed) 3 M. O. M
		2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and re of importance were as follows:	lated causes	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis OCT	E 1037	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis		1921	Run over by street car	1 week ago
Cerebral hemorrhage	AU V. S.	July 5,1927	Peritonitis	3 days ago
Other contributory causes of impor	tance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

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### STATE OF MARYLAND-CERTIFICATE OF DEATH

1.	1.	- 2	-
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9	V	7	1.

1	. PLACE O	F DEATH		LAND	24	10C	9945
County Frederick.					Reg	istration Dist. No.	139
		city State 3		(1	No. death occurred in a hospital or institution, give	sits NAME instead of stree	Ward
2	. FULL NA	ME Amel:	ia F. Wat	ts.	If U. S. Veteran, specify	WAR	
		ce: No. 4222		ad.		more, Mary	
7/4	PERSON	IAL AND STATIS	TICAL PARTIC	CULARS	MEDICAL CERTII	CATE OF DEAT	TH .
3. S	EX	4. COLOR OR RACE	5. SINGLE, MARR	(write the word)	21. DATE OF DEATH	70	7
F	emale	White	Marrie		Sep!	(Dey)	(Yaar)
5a.	If married, widow HUSBAND of (or) WIFE of		M. Watts	3.	22. I HEREBY CE Aug. 14 ,19.3'	RTIFY. That I ette	_3Q_, 19_3.7
_		(month, dey, and year)	Jan. 15	1905	I last saw h_er alive onSe		
7. A			Days	If LESS than 1 dey,hrs.	to have occurred on the date stated abova, The PRINCIPAL CAUSE OF DEATH and re		
	111	ssion, or particular	15	ormin.	were as follows:	rated causes of importanta	Date of onset
OCCUPATION	9. Industry or work wa SAW MII	, BOOKKEEPER, atc	11. Total tir spen 9.3.7 occuj	ne (years) tin this 4 Yr (		MTASTS.	Feb. 1937
12.	BIRTHPLACE (ci (State or cou	ty or town)	Baltimore Maryland		Other Centributery Causes of importence:		
ER	13, NAME	Char	les W. Bu	111			
FATHER		(city or town)	Maryland		Neme of operation	Pos Sputdal	ofe an autopsy?e
TER.	15. MAIDEN NA	ME Cora	Metcali	e e	23. If death was due to external causes (VIC		
MOTHER		(city or town)	Maryland	1.	Accident, suicide, or homicide?		
	(Address)	Balti	a F. Watt		Specify whether injury occurred In INDUS	cify city or town, county an TRY, in HOME, or In PUBL	od State) IC PLACE,
18.		ion, or removal			Menner of injury	*****************	
	UNDERTAKER (Address)	M.L.Cr Thurmo		Registrar.	24. Was disease or injury in eny way relete If so, specify (Signed) (Address) (Address)		

If more blanks are needed, address State Registrar, 2421 N. Charles Street, Baltimore, Requesting V. S. No. 1.

-WRITE PL

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	(1	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

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If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Registrur.

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Example I		
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 Yuly 5,1927	of importance were as follows:  Attack of epilepsy  1921 Run over by street car  Peritonitis  Other contributory causes of importance:

	YR.
7	ma ma
No.	B.
V. S.	z I
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STATE OF MARYLAND—	CERTIFICATE OF DEATH 9947
1. PLACE OF DEATH	(P)
County Frederick	Registration Dist. No.
Village or City New pork, Md.	No. St., Ward
	death occurred in a hospital or institution, give its NAME instead of street and number)
2 1 2 VI Y	ds. How long in U.S. if of foreign birth?yrs,mosds,
2. FULL NAME Jonanna & Mugh	
(a) Residence: No. Op. O. A. Mew Hunilbor, (Usual place of abode)	Ward. Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
Lemale White OR DIVORCED (write the word)	Sept. 2, 1937.
5a. If married, widowed, or divorced	(Month) (Day) (Year)
(or) WIFE of lake John D. Wright	22. I HEREBY CERTIFY. That I attended deceased from
0 11 10-	March 15 1937, to Stept 3nd, 1937
6. DATE OF BIRTH (month, day, and yeer) faw. 26 1851	I last saw h. 57 elive on Dept 1 240, 19 37; death is said
7. AGE Years Moditis Deys If LESS than 1 day,hrs.	to have occurred on the date stated above, etc. / / / / m. The PRINCIPAL CAUSE OF DEATH and releted causes of importance
06   /   6   ormin.	were as follows:
8. Trede, profession, or particuler kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc	Pronchial Cathema 24,00.
9. Industry or husiness in which	Fronchal (Cichema 2400.
work wes done, as SILK MILL, SAW MILL, BANK, etc	
1 - 1 Sheuf III (III)	
year) occupation	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) Tredends 6	
(State or country) Mc	Chronic Rephretis 6400.
14. BIRTHPLACE (city or town)	
14. BIRTHPLACE (city or town)	Name of operation Date of
(State of country)	What test confirmed diagnosis? Was there an eutopsy?
15. MAIDEN NAME Sarah Prysican  16. BIRTHPLACE (city or town)  (State or country)	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of Injury, 19
(State or country) Md.	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT M. Durid C. May W.  (Address) P.O. 2 New Aristan	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manage of Science
Place New Ver Chapel Contidate Sept. 4, 1937	Nature of injury
my Malt	
19. UNDERTAKER  (Address)  (Address)	24. Was disease or injury in any way related to occupation of deceesed? More
1/45t-2 32 -11860 1 11911	(Signed) (Signed) M.D.
20. FILED (1927) Mourfullu Registrar.	(Address) Lew Windson Md -
	2411 N. Charles Street. Baltimore. Requesting T. S. No. 1.

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Example I			Example II		
The principal cause of importance were	of death and related causes as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
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Chronic interstitial nephritis		1921	Run over by street car	1 week ago	
Cerebral hemorrhage	OOT 4 1977	July 5,1927	Peritonitis	3 days ago	
	BUREAU V. S.				
Other contributory	causes of importance:	7	Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BX	PHYSICIAN